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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Miami County DeLa No. St.
(Registration District)

SEX OF CHILD* <u>Male</u>	Gender -Males or other?	and	Number in order of birth
DATE OF BIRTH* <u>April 25 1912</u>	(Month)	(Day)	(Year)
FULL NAME <u>Nick Hill</u>	FATHER		
FULL MAIDEN NAME <u>Josephine Maki</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Uuno Olmer Hill
(Give name of child) (Surname)

Mrs Josephine Hill
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

483-425-149