

2296

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Hayden County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Female			
DATE OF BIRTH* May 5th 1912			
(Month) (Day) (Year)			
FULL NAME	FATHER		
Milton Hoyt			
FULL MAIDEN NAME	MOTHER		
Maud DeCoshow			

I HEREBY CERTIFY that the child described
herein has been named

Juanita Florence Hoyt

(Give name in full) (Surname)

Information from her baptismal certificate.

(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.

183-505-442