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76

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 Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>May 12, 1912</u>	(Month)	(Day)	(Year)
FULL NAME <u>William Franklin Hawkins</u>	FATHER		
FULL MAIDEN NAME <u>Elda Curtis</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Laurance Oral Hawkins
(Give name in full) (Surname)

Elda Hawkins
(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 11-41 A.P.

382-512-532

MARGIN RESERVED FOR BINDING
USE PERMANENT INK