

2374

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. *115

Place of Birth China County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD* Male Twin or other? _____ and Number in order of birth _____

DATE OF BIRTH* Nov. 20 1912
(Month) (Day) (Year)

FULL NAME Robert William Hurdley FATHER

FULL MAIDEN NAME Lena Melissa Bull MOTHER

I HEREBY CERTIFY that the child described herein has been named

Joseph Amos Hurdley
(Give name in full) (Surname)

Lena Hurdley
(Parent's Signature)

Mrs. Janis Fellett
(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.

188-1120-323

USE PERMANENT INK