

1936

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.* 1067

Place of Birth Globe County Gila No. Noscor Hill St.

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

DATE OF BIRTH* May 11 1913 (Month) (Day) (Year)

FULL NAME FATHER Newby Brantley Howerton

FULL MAIDEN NAME MOTHER Maizie Hyburnia Keesee

I HEREBY CERTIFY that the child described herein has been named

Dean Roy Howerton (Twin) (Give name in full) (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

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

(Made from Affidavit)

Blank supplemental reports of birth may be obtained from the local registrar. OM 11-41 A.P.

485-511-425