

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU 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 Glendale, Guizma County, Aila No. Cottonwood St.

SEX OF CHILD*	Twin Triplet or other?	Sgs. { and } Number* in order of birth
<u>MALE</u>		<u>4</u>
DATE OF BIRTH*	<u>July</u> (Month)	<u>1</u> (Day) <u>1913</u> (Year)
FULL* NAME	FATHER <u>Charles William YEAKEL</u>	
FULL* MAIDEN NAME	MOTHER <u>ELLA MAY O'NIEL</u>	

I HEREBY CERTIFY that the child described herein has been named

Vincent Victor Yeakel
(Give name in full) (Surname)

Charles W. Yeakel
(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.

SM 6-1-38

(Dr. Ansell)

563 - 761 - 563