

2660

118

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 D. Lohle

County Gila

No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>December 23</u> , 19 <u>13</u>	(Month)	(Day)	(Year)
FATHER <u>Charles Hugh Capps</u>	MOTHER <u>Docia Pague</u>		

I HEREBY CERTIFY that the child described herein has been named

Lee Roy Capps  
(Give name in full) (Surname)

Docia Capps  
(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.

1-38

332-1223-475