1162

ARI A 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

Local Registrar's No.* 6

Place of Birth Globe (Registration District) County Gila No. 9c. House Canyon St.

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

DATE OF BIRTH* MARCH (Month) 11 (Day) 1914 (Year)

FULL* NAME FATHER JOHN RAYMOND HOWARD

FULL* MAIDEN NAME MOTHER GWENNIE SOLFIRE

I HEREBY CERTIFY that the child described herein has been named

Helen Verla Howard (Given name in full) (Surname)

(Mrs) Gwennie S. Howard (Father's or Mother's Signature)

(Signature of Physician or Midwife)

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

Blank supplemental reports of birth be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

4861 — 311 — 725