

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made  
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth HAYDEN County Wilcox No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
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I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* DEC. 22<sup>nd</sup> 1914  
(Month) (Day) (Year)

LEWIS NORMAN CARTER  
(Give name in full) (Surname)

FULL NAME FATHER  
WILEY BARTON CARTER

Wiley Barton Carter  
(Parent's Signature)

FULL MAIDEN NAME MOTHER  
FANNIE Glenn SMITH

(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.  
5M 5/20/41

339-1222-628