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3 SM 5-1-31

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 Globe, Arizona County Gila No. Hospital St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH*			
<u>February</u>	<u>2</u>	<u>1946</u>	
(Month)	(Day)	(Year)	
FULL* NAME	FATHER		
<u>William Roesch</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Alie Irene Davenport</u>			

I HEREBY CERTIFY that the child described herein has been named

Paul Roger Roesch  
(Give name in full) (Surname)

Alie Roesch-Fitcher  
(Parent's Signature)

Address unknown now.  
(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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

798-203-143