

1976

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

143

DIVISION 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** County **Gila** No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<b>Female</b>			

DATE OF BIRTH\* **May 15 1916**  
(Month) (Day) (Year)

FULL\* FATHER  
NAME **Charles H. Allen**

FULL\* MOTHER  
MAIDEN NAME **Elizabeth Dalmolin**

I HEREBY CERTIFY that the child described herein has been named

**GWENDOYNE LORA ALLEN**

(Give name in full)

(Surname)

*Gwendoyne Lora Allen Haben*  
(Parent's Signature)

Spelling of names verified from U.S.

Naval Reserve Identification card.  
(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.  
10M 10-1-43-S.P.Co.

715-515-545