2577

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

(This return shoul... ...ly be made by the person wh... ...e original)

County Registrar's No.* 134

Place of Birth: ...ala County Globe No. ..... St.

...tration District)

SEX OF CHILD* Male

DATE OF BIRTH* ...ne (...onth) 17 (Day) 1916 (Year)

FULL NAME Geo...

FULL* MAIDEN NAME Ir...

FATHER Henry Abel

MOTHER ...gard Harders

I HEREBY CERTIFY that the child described herein has been named

Karl Fredrick Hans Abel
(Give name in full) (Surname)

Geo. H. Abel
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to ...ed by the local registrar before giving out this form.

Blank suppleme... ...orts of birth may be obtained from the local registrar.
10M—8-42—Bower Co...

213-617-982