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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * / 53

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>July 27 1916</u> (Month) (Day) (Year)		
FULL NAME	FATHER <u>Walter P. Haws</u>		
FULL MAIDEN NAME	MOTHER <u>Maudie Nuttall</u>		

I HEREBY CERTIFY that the child described herein has been named

Louis John Haws
(Give name in full) (Surname)

W. P. Haws
(Parent's Signature)

(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 11-41 A.P.

382-727-453