

14-36

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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 Hayden County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin Triplet or other? { and } Number in order of birth
Male

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* September 19 1916
(Month) (Day) (Year)

William Van Diver Rockwell
(Give name in full) (Surname)

FATHER
FULL NAME Hugh Clifton Rockwell

Hugh Clifton Rockwell
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Mary Estelle Van Diver

(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-8-42-Bower Co.

X 693-919-459