18

MARGIN RESERVED FOR BINDING

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 St Johns County Apache No. ..... St.
(Registration District)

SEX OF CHILD* Male | Twin Triplet or other? | and | Number* in order of birth 1

DATE OF BIRTH* July 18, 1919
(Month) (Day) (Year)

FULL* NAME FATHER Eugene Hobert Waite

FULL* MAIDEN NAME MOTHER Ira Bitrice Rudd

I HEREBY CERTIFY that the child described herein has been named

Fred Hobert Waite
(Give name in full) (Surname)

Eugene Albert Waite
(Parent's Signature)

T. J. Bowden MD
(Signature of Physician or Midwife)

General Chairman's Registrar

*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.

5M 6-1-38

645-718-994