

432

ARIZONA STATE BOARD OF HEALTH  
DEPARTMENT OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC. PHOENIX

Vol. 2 # 305

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \*

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

Place of Birth Lehi  
(Registration District)

Maricopa No. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	and
<u>Male</u>		

I HEREBY CERTIFY that the child described herein has named

DATE OF BIRTH\* February 16 1951  
(Month) (Day)

Kenneth George Haw  
(Give name in full) (Surname)

FULL\* FATHER  
NAME George Gilbert Haw

(Signature) Adeline Johnson Haw

FULL\* MAIDEN NAME Adeline Johnson

[Signature]  
(Physician or Midwife)

\*These items to be entered by the local registrar giving out this form.

Blank supplemental reports of birth may be filed with the local registrar.  
Local registrars must mail supplemental reports to county registrar. County registrars must mail with original copies to the state registrar within the tenth day of following month.

MARGIN RESERVED FOR BINDING  
This supplemental report is to be pasted beneath the original.

5-16-23