

State File No. 130

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. * 130

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

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Male			
DATE OF BIRTH* <u>Sept. 27, 1921</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER		
<u>Thomas R. Howard</u>			
FULL MAIDEN NAME	MOTHER		
<u>Margaret Driscoll</u>			

I HEREBY CERTIFY that the child described herein has been named

James Conrad Howard

Information taken from baptismal certificate, both parents deceased.

(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.

184-927-423