

154

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. * 114

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

SEX OF CHILD Female	Twin Triplets or other	and	Number in order of birth	1
DATE OF BIRTH	November	2	1921	
	(Month)	(Day)	(Year)	
FULL NAME	Adrian Barnes Wells			
FATHER				
FULL MAIDEN NAME	Ma Hainey			
MOTHER				

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Maud Wells
(Give name in full) (Surname)

Adrian Barnes Wells
(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.

562-1102-598