ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 3 # 173

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* March 24th (Month) (Day) 192 3 (Year)

FULL* NAME — FATHER: Edward Grant McWilliams

FULL* MAIDEN NAME — MOTHER: Mary Margaret Schucks

*These [illegible] entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

McWilliams, Herbert Harold.
(Give name in full) (Surname)

Edward Grant McWilliams
(Parent's signature)

C W Adams MD.
(Physician or ~~Midwife~~)

Blank [illegible] reports of birth may be obtained from the local registrar.
Local [illegible] must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following [illegible]