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6. am

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 191

Place of Birth Globe Arizona County Pinal No. St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* July 17 1923 (Month) (Day) (Year)

Fred John Kraft (Give name in full) (Surname)

FULL NAME FATHER William F Kraft

William F Kraft (Parent's Signature)

FULL MAIDEN NAME MOTHER Josefin Carilla

(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.

5M 5/20/41

623-717-131