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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. * 168

Place of Birth Miami County Dade No. _____ St. _____
(Registration District)

SEX OF CHILD* Twin or other? { and } Number in order of birth

Male { } { } { }

DATE OF BIRTH* Aug 18 1923
(Month) (Day) (Year)

FULL NAME Robert William Hundley
FATHER

FULL MAIDEN NAME Lera Cecilia Bull
MOTHER

I HEREBY CERTIFY that the child described herein has been named

May Gareth Hundley
(Give name in full) (Surname)

Joseph A. Hundley
(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.

488-818-323