

229

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 9 #158

(This return should preferably be made by the person who made the original.) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. _____

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

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

DATE OF BIRTH* September 26th 1923
(Month) (Day) (Year)

FULL* NAME F. W. Hoar FATHER

FULL* MAIDEN NAME Mildred Trevillan MOTHER

I HEREBY CERTIFY that the child described herein has been named

Robert Thomas Hoar
(Give name in full) (Surname)

Mrs Frederic W. Hoar
(Parent's signature)

R. D. Kennedy
(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. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

2-13-26

989-926-435