

State File No: 533, Pinal Co.

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. \* 533

Place of Birth Florence, Ariz. County Pinal No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male			
DATE OF BIRTH	December	14	1923
	(Month)	(Day)	(Year)
FULL NAME	FATHER		
Theodore Charles Viault			
FULL MAIDEN NAME	MOTHER		
Abbercha L. Gappin			

I HEREBY CERTIFY that the child described herein has been named

Theodore Charles Viault, Jr. (Give name in full) (Surname)

Abbercha Gappin Viault (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.

353-1214-175