ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 118

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

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

DATE OF BIRTH* Feb - 9 - 1924 (Month) (Day) (Year)

FULL NAME FATHER Gus. F. Williams Sr

FULL* MAIDEN NAME MOTHER Elizabeth J. Edwards

I HEREBY CERTIFY that the child described herein has been named

Donnie Riley Williams (Give name in full) (Surname)

Gus F Williams Sr (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—8-42—Bower Co.

362-209-552