

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 129

Place of Birth Globe County Gila No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			
DATE OF BIRTH* <u>Feb. 12, 1924</u>			
(Month) (Day) (Year)			
FULL* NAME	FATHER <u>Elmer C. Wills</u>		
FULL* MAIDEN NAME	MOTHER <u>Isabel Brewer</u>		

I HEREBY CERTIFY that the child described herein has been named

Troy Dawson Wills

(Give name in full)

(Surname)

Maude Krykendall

(Parent's Signature)

AKKt

(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 1-45

362-212-929