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.*.....

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

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

DATE OF BIRTH* March (Month) 1 (Day) 1924 (Year)

FULL NAME FATHER Henry Wischmeyer

FULL* MAIDEN NAME MOTHER Hilda M. Neuman

I HEREBY CERTIFY that the child described herein has been named

Julia Marie Wischmeyer
(Give name in full) (Surname)

Hilda M. Wischmeyer
(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.