ARIZONA STATE BOARD OF HEALTH Vol. 3-24 No. 193

BUREAU 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 (Registration District) Globe, County Gila, No. St.

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

DATE OF BIRTH* 3 (Month) 31 (Day) 192 4 (Year)

FULL* NAME FATHER Howard M. Parks,

FULL* MAIDEN NAME MOTHER Zoe Polley,

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Chas. Howard Parks,
(Give name in full) (Surname)

Howard M. Parks - Zoe P. Parks
(Parent's signature)

L. E. Wightman
Signature (Physician or Midwife)

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.

9-17-24