State File No. 116, Gila Co.

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.* 116

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

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

DATE OF BIRTH* April (Month) 5 (Day) 1924 (Year)

FULL NAME FATHER Wm Harry Miller

FULL MAIDEN NAME MOTHER Lena Hamberg

I HEREBY CERTIFY that the child described herein has been named

Viola Margaret Miller
(Give name in full) (Surname)

Wm Harry Miller
(Parent's Signature)

Lena Hamberg
(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.

549-405-369