

**ARIZONA STATE BOARD OF HEALTH**  
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 Miami County Gila No. .... St. Arizona

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>June</u> (Month)	<u>8</u> (Day)	<u>1924</u> (Year)
FULL* NAME	FATHER <u>Arthur Lynn Hoopes</u>		
FULL* MAIDEN NAME	MOTHER <u>Lola Porter</u>		

I HEREBY CERTIFY that the child described herein has been named

Donna Hoopes  
(Give name in full) (Surname)

Mrs Lala Hoopes  
(Parent's Signature)

Do not know address of Porter  
(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.

SM 7/11/40

482-608-379