2033

MARGIN RESERVED

This supplemental report is to be pasted beneath the original.

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 (Registration District) Miami, Arizona County Gila No. Dairy canyon St.

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

DATE OF BIRTH* June (Month) 29 (Day) 1924 (Year)

FULL* NAME — FATHER: Brighan Earl Stowell

FULL* MAIDEN NAME — MOTHER: Macy Ellen Green

*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

Winifred (Give name in full) Stowell (Surname)

Macy E. Stowell
B. Earl Stowell
(Parent's signature)

F. J. Miller
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.

Entered 9-1-24 B.G. Gray Co Reg.