ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 157

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

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

DATE OF BIRTH* Nov (Month) 1st (Day) 1924 (Year)

FULL NAME FATHER Louis Donald Herrell

FULL MAIDEN NAME MOTHER Ermee E Conner

I HEREBY CERTIFY that the child described herein has been named Carolyn Conner Herrell (Give name in full) (Surname)

L D Herrell (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—8-42—Bower Co.

383-1101-539