THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

122

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* March (Month) 3 (Day), 1929 (Year)

FULL* NAME — FATHER: George Harris

FULL* MAIDEN NAME — MOTHER: Alma Richards

I HEREBY CERTIFY that the child described herein has been named

William Horace Theodore Harris
(Give name in full) (Surname)

(Signature) T. C. Harper, M. D.

Globe, Ariz
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

682-303-192

RECEIVED