State File No. 243, Gila Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 243

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

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

DATE OF BIRTH* May 29, 1925 (Month) (Day) (Year)

FULL NAME	FATHER Alvin Dee Hammett
FULL* MAIDEN NAME	MOTHER Helen Maude Wantland

I HEREBY CERTIFY that the child described herein has been named

Ruth Allene Hammett
(Give name in full) (Surname)

Alvin Dee Hammett
(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.

5M 5/20/41

983-529-864

MARGIN RESERVED FOR BINDING
USE PERMANENT INK