

18448

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 54 5-1-31

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. * *100*

Place of Birth *Miami, Okla* County *Okla* No. _____ St. _____

SEX OF CHILD* <i>Male</i>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <i>Sept 10 1923</i>			
FULL NAME <i>Levi M Howell</i>		FATHER	
FULL MAIDEN NAME <i>Viola Smart-Howell</i>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Marvin Ellis Howell
(Give name in full) (Surname)

Mrs L. M. Howell
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Cannot send Dr. signature as he is not here

Original