MARGIN RESERVED FOR BINDING
USE PERMANENT INK

108

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.*.....

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

SEX OF CHILD*	Twin / Triplet / or other?	and	Number in order of birth
DATE OF BIRTH* Sept. 11- 1925 (Month) (Day) (Year)			
FULL NAME	FATHER Winfield Scott Stivers		
FULL* MAIDEN NAME	MOTHER Caroline Katleen Berta		

I HEREBY CERTIFY that the child described herein has been named

Kenneth Roland Stivers
(Give name in full) (Surname)

See Court Order # 22921
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(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.