

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*.....

Place of Birth Miami  
(Registration District)

County Dade

No. .... St.

SEX OF CHILD* <u>Male</u>	Twin Triplet or other ?	and	Number in order of birth
DATE OF BIRTH* <u>Sept . 21 1925</u>		(Month)	(Day) (Year)
FULL NAME <u>Emil Benno Helch</u>	FATHER*		
FULL MAIDEN NAME <u>Certie Ethell Helch</u>	MOTHER		

I HEREBY CERTIFY that the child described  
herein has been named

William Wallace Helch  
(Give name in full) (Surname)

Mrs. O. Henry Bloom  
(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 11-41 A.P.

668-921-162

137