

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

192

(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 Gila County Miami No.....St.
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? . { . and } .	Number in order of birth
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I HEREBY CERTIFY that the child described
herein has been named

DATE OF BIRTH* Nov. 26 1925
(Month) (Day) (Year)

William Kirk Watkins
(Give name in full) (Surname)

FATHER
FULL NAME William Franklin Watkins

Deela Watkins
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Ruby Deela Kirk

(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.

662-1126-922