

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.\* 155

Place of Birth Clay Pool County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <u>Boys</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>January 14 1926</u>	(Month)	(Day)	(Year)
FULL NAME <u>Denzel Hollett</u>	FATHER		
FULL MAIDEN NAME <u>Caroline Melvin Smith</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Orren W Hollett  
(Give name in full) (Surname)

Mrs Oscar Olson  
(Parent's Signature)

Doctor Cronan  
(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.

663-114-326