

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

441

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Holbrook County Navajo No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth <u>4th</u>
<u>Male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* February 4th, 1926
(Month) (Day) (Year)

William Eugene Probst
(Give name in full) (Surname)

FULL* FATHER
 NAME Fred Eugene Probst

Elda R. Probst
(Parent's Signature)

FULL* MOTHER
 MAIDEN NAME Elda Ralston

W. Wilson, M.D.
(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.

673-204-595