

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.\* 115

Place of Birth Miami, Ariz. County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

I HEREBY CERTIFY that the child described  
herein has been named

DATE OF BIRTH\* June 14, 1926  
(Month) (Day) (Year)

Carl Roger Fuller  
(Give name in full) (Surname)

FULL NAME FATHER  
Henry E. Fuller

Mrs Amparo Fuller  
(Parent's Signature)

FULL NAME MOTHER  
Amparo Valle

(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.  
11-41 A.P.

MARGI