

State File No. 123-A Gila Co.

ARIZONA STATE DEPARTMENT OF HEALTH

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

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 18, 1926 (Month) (Day) (Year)

Harold Daniel Smith (Give name in full) (Surname)

FULL NAME FATHER Leslie Calvin Smith

LC Smith (Parent's Signature)

FULL MAIDEN NAME MOTHER Mattie Katherine McHenry

(Signature of Physician or Midwife) Mrs. Maggie Buck

* 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.

828-618-448

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