V

ARIZONA STATE BOARD OF HEALTH

Vol. 6-26 # 278

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* ..4....

Place of Birth (Registration District) Phoenix County Maricopa No. ..... St.

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

DATE OF BIRTH* June (Month) 15th (Day) 1926 (Year)

FULL* NAME — FATHER: Asahel D. Hinshaw

FULL* MAIDEN NAME — MOTHER: Bessie Stella Guthrie

I HEREBY CERTIFY that the child described herein has been named

Warren D. Hinshaw (Give name in full) (Surname)

x A. D. Hinshaw (Parent's Signature) In ink

x [signature] (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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Correcting date of birth. 11-3-26

Return supplementary report immediat

686-615-275

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