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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

Place of Birth Payson County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD <u>Male</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH <u>July 27th 1926</u>	(Month)	(Day)	(Year)
FULL NAME <u>Alfred Allen Steinke</u>	FATHER		
FULL MAIDEN NAME <u>Allie Lee Haughte</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Frank William Steinke
(Give name in full) (Surname)

Mr Alfred Steinke
(Parent's Signature)

C.H. Resser
(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

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

Form X

625-717-683