

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

127

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 165

Place of Birth Copper Hill, County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	} and }	Number* in order of birth
<u>M</u>			

DATE OF BIRTH*	<u>Aug</u>	<u>1</u>	<u>1926</u>
	(Month)	(Day)	(Year)

FATHER  
FULL\* NAME Robert James Brenton

MOTHER  
FULL\* MAIDEN NAME Auguste Georgia Lewis

I HEREBY CERTIFY that the child described herein has been named

Wilbur Blake Brenton  
(Give name in full) (Surname)

(Parent's signature)

W. W. Horst 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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.