

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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 Globe, Arizona County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	1	}	and	}	Number in order of birth	3
Male							

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 3 1926
(Month) (Day) (Year)

Robert Rainey Wells
(Give name in full) (Surname)

FATHER	Adrian Barnes Wells
MOTHER	Etta Rainey

Adrian Barnes Wells
(Parent's 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 11-41 A.P.

962-463-590

RECEIVED
SEP 10 1926

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 05-12-2010 BY 60322 UCBAW/STP