

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth Globe County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

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

DATE OF BIRTH Aug. 13. 1926  
(Month) (Day) (Year)

FULL NAME David Tilton Crumpler  
FATHER Tilton

FULL MAIDEN NAME Ciferia Elizabeth Queen  
MOTHER Queen

I HEREBY CERTIFY that the child described herein has been named

Owen Everett Crumpler  
(Give name in full) (Surname)

Elizabeth Crumpler  
(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.

639 - 913 - 565