

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

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. 186

Place of Birth Miami County of Gila No. Mackay Hill St. (Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Aug. 18th, 1926 (Month) (Day) (Year)

GEORGE WILLIAMS (Give name in full) (Surname)

FULL* NAME FATHER John Y. Williams

John Williams (Parent's Signature)

FULL* MAIDEN NAME MOTHER Martha Legaspe

(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.

6M 7/11/40

762-818-435