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9-30-62

ARIZONA STATE BOARD OF HEALTH Vol. 8-26 # 192  
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.\*.....

Place of Birth..... Hayden ..... County..... Gila ..... No. .... St. Hayden (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

Daniel Preston Owen

DATE OF BIRTH\* August 21st ..... 1926 (Month) (Day) (Year)

(Give name in full) (Surname)

FULL\* FATHER NAME Preston Owen

Mr Ed Mrs Preston Owen (Parent's Signature) In ink

FULL\* MOTHER NAME Myrtle L. Brewster

Charles B. Huntley 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.

Correcting surname

1-5-27

Return supplementary report immediately.

31-57  
3-6-16