

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

228

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 Miami County Gila No. St.
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	}	and	}	Number in order of birth
DATE OF BIRTH* Aug. 29 1926	(Month)	(Day)	(Year)		
FULL NAME FATHER Hyle Campbell					
FULL* MAIDEN NAME MOTHER Rafalia Samora					

I HEREBY CERTIFY that the child described herein
has been named

MAURICE CAMPBELL

(Give name in full)

(Surname)

Anna Bonilla
(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.
10M 10-1-43—S.P.Co.

433-929-921