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3 5M 8-16-35

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.*

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Sept. 29- 1926</u>	(Month)	(Day)	(Year)
ALL* NAME	FATHER <u>Elvie Ray Stilwell</u>		
ALL* NAME	MOTHER <u>Gladys Ella Steele</u>		

I HEREBY CERTIFY that the child described herein has been named

Floyd Dean Stilwell
(Give name in full) (Surname)

Gladys Stilwell
(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

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

X

623-929-725