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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 MIAMI County GILA No. St.
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>MALE</u>			

DATE OF BIRTH* SEPT 30 1926
 (Month) (Day) (Year)

FULL NAME HORACE CLIVE CROWTHER
 FATHER

FULL MAIDEN NAME MARY ALMORINE CUNNINGHAM
 MOTHER

I HEREBY CERTIFY that the child described herein has been named

KENT HORACE CROWTHER
 (Give name in full) (Surname)

Horace C. Crowther
 (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

239-930-434