MARGIN RESERVED FOR BINDING
USE PERMANENT INK

912

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 (Registration District) Gilbert County Maricopa No..... St.

SEX OF CHILD*	Twin triplet quadruplet other?	and	Number in order of birth
DATE OF BIRTH*	Oct. (Month)	9 (Day)	1926 (Year)
FULL NAME	Oscar	FATHER Lee Holly	
FULL* MAIDEN NAME	Mary	MOTHER Katherine Wirth	

I HEREBY CERTIFY that the child described herein has been named

Dallas Albert Holly
(Give name in full) (Surname)

Mrs. O. L. Holly.
(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.

488 — 1009 — 462