

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

134

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 264

(This return should preferably be made by the person who made the original)

Place of Birth Glendale County Gila No. 478 S. East St

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	} and {	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Dec 8 1926
(Month) (Day) (Year)

Garnest William Grover
(Give name in full) (Surname)

FULL* FATHER
NAME William P. Grover

Mrs. G. J. Grover
(Parent's signature)

FULL* MOTHER
MAIDEN NAME Lucy Ann Westman

G. E. Weighlin 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.

579-1206-365

Ans. File
JAN

8/10/72-22937-0