

State File No. 139, Gila Co.

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. 139

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

SEX OF CHILD* Female Twin Triplet or other? } and } Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* December 9, 1926 (Month) (Day) (Year)

Corinne May Hammett (Give name in full), (Surname)

FULL NAME FATHER Alvin Dee Hammett

Alvin Dee Hammett (Parent's Signature)

FULL MAIDEN NAME MOTHER Helen Maude Wantland

(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.

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343-1209-864

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