

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

ARIZONA STATE BOARD OF HEALTH Vol. 10-28 # 170
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local 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*	<u>October 18,</u>	<u>1928</u>	
	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
<u>Clyde M. Bringle</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Lillie Tracy</u>			

I HEREBY CERTIFY that the child described herein has been named

Herold Glen Bringle
(Given name in full) (Surname)

Mrs. Lillie Bringle
(Signature of Father's or Mother's Signature)

Herold Bringle
(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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

2-18-29

5-3-22
9250
out

1702

Ans