

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.* 97

Place of Birth Gita Globe County Gila No. Box 843 St.

(Registration District)

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

DATE OF BIRTH* Dec. 1st 1928

(Month) (Day) (Year)

FULL* NAME FATHER Weldon Rowlee Grabe

FULL* MAIDEN NAME MOTHER Edith Helen Chadwick

I HEREBY CERTIFY that the child described herein has been named

Weldon Chadwick Grabe

(Give name in full)

(Surname)

Mrs. Weldon Grabe

(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.

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695-1201-532

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USE PERMANENT INK