RESERVED FOR
Supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH

507

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 (Registration District) Shore Lane County Navajo No. St.

SEX OF CHILD* Male | Twin Triplet or other? | and | Number* in order of birth

DATE OF BIRTH* Dec (Month) 4 (Day) 193 (Year)

FULL* NAME Whittie FATHER Ellsworth

FULL* MAIDEN NAME Blanch MOTHER Moody

I HEREBY CERTIFY that the child described herein has been named

Hoover Ellsworth
(Given name in full) (Surname)

(Father's or Mother's Signature)

~~Emma~~
(Signature of Physician or Midwife)

Emma Whipple

*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.