

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

Place of Birth Globe, Arizona County Gila No..... St.

SEX OF CHILD*	Twin Triplet or other?	1	and	Number in order of birth	4	
DATE OF BIRTH*	April	8	1929	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Adrian Barnes Wells</u>					
FULL MAIDEN NAME	MOTHER <u>Etta Rainey</u>					

I HEREBY CERTIFY that the child described
herein has been named

Otho Adrian Wells
(Give name in full) (Surname)

Adrian Barnes Wells
(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.
10M 11-41 A.P.

662-408-598