MARGIN RESERVED FOR BINDING

USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 175

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

Place of Birth (Registration District) INSPIRATION County GILA No. - St. ARIZONA

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

DATE OF BIRTH* APRIL (Month) 23 (Day) 1929 (Year)

FULL* NAME — FATHER: WILLIAM S. SMITH

FULL* MAIDEN NAME — MOTHER: HELEN MAY HOBBS

I HEREBY CERTIFY that the child described herein has been named

HOWARD ROLFE (Give name in full) SMITH (Surname)

Helen May (Smith) Irwin (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.

828-423-882

10M 1-45