

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

177

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 Miama County Maricopa No. .... St. ....  
(Registration District)

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

DATE OF BIRTH\* April 23 1929  
(Month) (Day) (Year)

FULL NAME FATHER Joseph Western

FULL MAIDEN NAME MOTHER Sylvia Lillywhite

I HEREBY CERTIFY that the child described herein has been named

Cecil Owens Western  
(Give name in full) (Surname)

Sylvia Western  
(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-8-42-Bower Co.

365-423-235