136

ARIZONA STATE BOARD OF HEALTH

BUREAU 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 (Registration District) County Gila No. St.

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

DATE OF BIRTH* Sept. (Month) 6 (Day), 1929 (Year)

FULL* NAME FATHER Roy Lawrence Hawley

FULL* MAIDEN NAME MOTHER Helen Henderson

I HEREBY CERTIFY that the child described herein has been named

Pollyann Hawley
(Give name in full) (Surname)

Roy L. Hawley
(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.

5M 6-1-38

788-906-885

Received
OCT 14 1929
Arizona State Board of Health

1-24-78 (IX) 4254

MARGIN RESERVED FOR BINDIN