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 Pine County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* Sept (Month) 14 (Day), 1929 (Year)

FULL* NAME FATHER Frank Elroy Hunt

FULL* MAIDEN NAME MOTHER Donnetta L Hunt Tufken

I HEREBY CERTIFY that the child described herein has been named

Don LaMarr Hunt
(Give name in full) (Surname)

Donnetta L. Hunt
(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

483-914-435

State Board of Health
OCT 11 1929