

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. <sup>139</sup>.....

Place of birth Hayden County Gila No. .... St. ....

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					
DATE OF BIRTH*	Nov. 11, 1929				
	(Month)	(Day)	(Year)		
FULL* NAME	MILLARD MARTIN COWDEN		FATHER		
FULL* MAIDEN NAME	ELETHA LENORE HEDGPETH		MOTHER		

I HEREBY CERTIFY that the child described herein  
has been named

Louis Fredrick Cowden

(Give name in full)

(Surname)

Helen Cowden Rothaus  
(Parent's Signature) Sister

(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.

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