

SUPPLEMENTAL REPORT OF BIRTH, STATE OF UTAH

This return should preferably be made by the person who made the original, and filed with the local Registrar as soon as child is named

Place of birth* Brigham City Utah
(Registration district)

Registered Number*

No. _____

SEX OF CHILD* Twin,* } and } Number*
 Triplet, } In order
 or other? } of birth

DATE OF BIRTH* Nov 23 1918
(Month) (Day) (Year)

FATHER
 FULL* NAME William Cements Horsley

MOTHER
 FULL* MAIDEN NAME Hanner Adella Burd

*These items to be entered by Registrar before giving out this form

I HEREBY CERTIFY that the child described has been named:

Andrew Burl Horsley
(Given name in full) (Surname)

(Signature) W.C. Horsley

D. J. Cooley
(Physician or Midwife)

Place in which birth occurred