26910

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 693

(This return should preferably be made by the person who made the original.)

Place of Birth (Registration District) Maricopa County Phoenix No. 2312 N. Dayton St.

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

DATE OF BIRTH* June (Month) 3 (Day) 1927 (Year)

FULL* NAME — FATHER: Arthur Ray Lepker

FULL* MAIDEN NAME — MOTHER: Bessie Lee Garrett

I HEREBY CERTIFY that the child described herein has been named

Walter Ace Lepker
(Give name in full) (Surname)

Mr. & Mrs. A. R. Lepker
(Parent's signature)

Cary Hughes
(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. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

639-603-273

RECEIVED
JUL 11 1927
Ans. _____ File _____