

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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Paid

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.* 176

Place of Birth Payson, Arizona County Yuma No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Female</u>					

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 20 1927
(Month) (Day) (Year)

Anne Marie La Zear
(Give name in full) (Surname)

FULL NAME FATHER

Walter Lozeau
(Parent's Signature)

FULL MAIDEN NAME MOTHER

(Signature of Physician or Midwife)

Marie Belleguie

*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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139-820-429