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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.*.....

Place of Birth Young (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* April (Month) 20 (Day) 1930 (Year)

FULL* NAME FATHER Daniel Garrett Zellner

FULL* MAIDEN NAME MOTHER Elizabeth Foster

I HEREBY CERTIFY that the child described herein has been named

LEWIS DAVID ZELLNER
(Give name in full) (Surname)

Elizabeth Zellner
(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.

10M 1-45

MARGIN RESERVED FOR BINDING
USE PERMANENT INK