ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

rn should preferably be made
rson who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 22573

of Birth Globe County Gila No. St.
stration District)

CHILD*	Twin Triplet or other?	and	Number in order of birth
BIRTH*	July (Month)	29, (Day)	1930 (Year)

FATHER
Amandus L. Peterson

MOTHER
Jean Delora Sherk

I HEREBY CERTIFY that the child described herein has been named

~~James~~ John Walter Peterson
(Give name in full) (Surname)

Father Amandus L. Peterson mother Jean D. Peterson
(Parent's Signature)

Dr. C. D. Harper, the Dr
(Signature of Physician or Midwife)

ie items to be entered by the local registrar before giving out this form. signature is not given by his Hand as we do not mo his where abouts

: supplemental reports of birth may be obtained from the local registrar.
10M 12-46

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Received
Arizona State Board of Health
Vital Statistics