MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 1112

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

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

DATE OF BIRTH* Oct. (Month) 10 (Day) 1930 (Year)

FULL NAME FATHER Thomas Jefferson Peach

FULL MAIDEN NAME MOTHER Frances Aileen Anthony

I HEREBY CERTIFY that the child described herein Charles has been named Charles Bryan Peach
(Give name in full) (Surname)

Frances Aileen Peach
(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

378-1010-618