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.* 183

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

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

DATE OF BIRTH* Jan. 24, 1931 (Month) (Day) (Year)

FULL NAME* FATHER John King Peirce, Jr.

FULL MAIDEN NAME* MOTHER Grace Elizabeth Hawley

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Martha Jane Peirce
(Give name in full) (Surname)

Mrs. J. K. Peirce
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 12-46