See 10-11-

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

(This return should preferably be made by the person who made the orginal.)

Place of Birth (Registration District) Claypool, Arizona County Gila No. 52 B'road St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			1

DATE OF BIRTH* October (Month) 11 (Day) 1931 (Year)

FULL* NAME — FATHER: Lynn Donald Fowler

FULL* MAIDEN NAME — MOTHER: Olga Apliene Rudine

I HEREBY CERTIFY that the child described herein has been named

Bruce Adebert Fowler (Give name in full) (Surname)

Mrs. + Mr. L. D. Fowler (Parent's signature)

Dr. F. F. Miller (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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

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