TE OF BIRTH

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tive titles, as *civil engineer, mechanical*
more precise statement of occupation
, as *carpenter, painter, machinist*, etc.
who sells goods should be called a

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 167a

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

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

DATE OF BIRTH* August 19 1932
(Month) (Day) (Year)

FULL NAME FATHER Lester André Maurel

FULL* MAIDEN NAME MOTHER Mary Elizabeth Thatcher

I HEREBY CERTIFY that the child described herein has been named

ALICE LORAINE MAUREL
(Give name in full) (Surname)

Mrs Lester Maurel
(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—8-42—Bower Co.

143-819-439