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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

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

DATE OF BIRTH* April (Month) 25 (Day) 1933 (Year)

FULL* NAME FATHER Edward F. Malmberg

FULL* MAIDEN NAME MOTHER Mary Stacy

*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

I HEREBY CERTIFY that the child described herein has been named

Ernest Joseph Malmberg
(Give name in full) (Surname)

Edward F. Malmberg
(Parent's Signature)

(Signature of Physician or Midwife)

physician name N.E. Brayton Co. M.D.

Form X

547-1125-428

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.