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 Taylor, Navajo County..... No. ..... St.
(Registration District)

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

DATE OF BIRTH* 10 (Month) 5 (Day) 1933 (Year)

FULL* NAME FATHER Vivien Rex Shumway

FULL* MAIDEN NAME MOTHER Elizabeth S. Conan

I HEREBY CERTIFY that the child described herein has been named

Peter Delos Shumway
(Give name in full) (Surname)

Elizabeth S. Shumway
(Parent's Signature)

Harriet Allen
(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.

728-1005-525

Received
JAN 4 1934
Arizona State Board of Health