3 5M 5-1-31

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

Place of Birth Tempe County Maricopa No. St.

(Registration District)

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

DATE OF BIRTH* Aug (Month) 31 (Day) 1934 (Year)

FULL* NAME FATHER John Laurence Chennault

FULL* MAIDEN NAME MOTHER Edgalee Mitchell

I HEREBY CERTIFY that the child described herein has been named

Nancy Zoe Chennault (Give name in full) (Surname)

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

533-831-543

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Arizona State Board of Health SEP 10 1934