

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 573

Place of Birth Good Samaritan Hosp. Maricopa No. _____ St.

SEX OF CHILD* <u>Girl</u>	Twin Triplet or other?	and	Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* March - 10 - 1933
(Month) (Day) (Year)

Wanda Marilyn Young
(Give name in full) (Surname)

FULL NAME FATHER
Howard Clinton Young

W. J. Young
(Father's Signature)

FULL MAIDEN NAME MOTHER
Jessie Bell Carr

(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.

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7-2-76

