997

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

return should preferably be made
he person who made the ariginal)

ce of Birth Thatcher County Graham No. St.
(Registration District)

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

TE OF BIRTH* July (Month) 12 (Day) 1911 (Year)

LL ME FATHER Lemuel R. Pace

LL* IDEN ME MOTHER Mary Isabell Layton

I HEREBY CERTIFY that the child described herein has been named

Pearl Pace
(Give name in full) (Surname)

Isabell Pace
(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.

M 5/20/41

775-712-435