

2344

96

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Globe County Gila No. St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 16 1919
(Month) (Day) (Year)

Joseph Leo Braun
(give name in full) (Surname)

FATHER
FULL NAME Joseph A. Braun

Mrs. Joseph A. Braun
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Pearl Latham

(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.
10M 11-41 A.P.

125-616-734