

2033

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(Returns should preferably be made
to the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No. *

Place of Birth Mesa, Arizona No. St.
(Registration district)

CHILD* <u>1</u>	Twin* Triplet or other?	and } Number* in order of birth
MONTH OF BIRTH* <u>2</u>	(Month)	<u>21</u> 19 <u>15</u> (Day) (Year)
LL* MR	FATHER	<u>Martine Emile Vaault</u>
LL* IDEN MR	MOTHER	<u>Clara Louisa Galpin</u>

I HEREBY CERTIFY that the child described herein
has been named

Leo Morenus Vaault
(Given name in full) (Surname)

(Signature) Max Vaault

Dr Palmer
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of births 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
following month.