

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 273

Place of Birth China, Graham
(Registration district)

No. _____ St. _____

I HEREBY CERTIFY that the child described herein has been named

SEX OF CHILD* Male Twin* or other? _____ } and { Number* in order of birth _____

DATE OF BIRTH* Oct. 17 1945
[Month] [Day] [Year]

Ruth Geneva Merrill
[Give name in full] [Surname]

FATHER
FULL NAME Phileman C. Merrill

[Signature] Phil Merrill

MOTHER
FULL MAIDEN NAME Paul G. Wuch

Parent
(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 day of following month.

943-1017-768

PHOENIX, ARIZ.