

1990

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Should preferably be made
who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 256

th Pima No. _____ St. _____
(Registration district)

AD*	Twin* Triplet or other?	and	Number* in order of birth	4
RTH*	12	18	19	5
	[Month]	[Day]	[Year]	
FATHER Wes M. Deals				
MOTHER Mary F. Dees				

I HEREBY CERTIFY that the child described herein
has been named

Joseph Edwin Deals
[Give name in full] [Surname]

[Signature] Wes M. Deals
A. J. Warner
(Physician or Midwife)

is to be entered by the local registrar before giving out this form.
Additional reports of births may be obtained from the local registrar.
Registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
following month.

122-1218-442