

2589

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 Registrar's No. 144

Place of Birth Hayden County Gila No. _____ St. _____

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

Female and _____

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* June 20 1916
(Month) (Day) (Year)

HAZEL MAE LORANCE
(Give name in full) (Surname)

FULL NAME FATHER Joseph E. LORANCE

Joseph E. LORANCE
(Parent's Signature)

FULL NAME MOTHER Sophia M. CARLSON

Sophia M. Carlson (Lorance)
(Parent's Signature)

*These items to be entered by the local registrar before giving out this form.

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
5/20/41

845-620-235