233

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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.* 127

Place of Birth Eden (Registration district) No. ..... St.

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

DATE OF BIRTH* July 8, 1916 [Month] [Day] [Year]

FULL NAME FATHER Anton Christiansen Christensen

FULL* MAIDEN NAME MOTHER A. Kempton

I HEREBY CERTIFY that the child described herein has been named

[Give name in full] [Surname]

[Signature] [illegible]

R [illegible] (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.

335-708-125