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

Local Registrar's No.* 158

Place of Birth Copper Hill (Registration District) County Gila No. St.

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

DATE OF BIRTH* October (Month) 2 (Day) 1916 (Year)

FULL* NAME FATHER Henry Mounce

FULL* MAIDEN NAME MOTHER Edith Ellen Wright

I HEREBY CERTIFY that the child described herein has been named

Ernest Paul Mounce (Given name in full) (Surname)

Edith Ellen Mounce (Father's or Mother's Signature)

545-1002-563 (Signature of Physician or Midwife)

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

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

MARGIN

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