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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

s return should preferably be made
e person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 37

e of Birth Bisbee No. St.
(Registration district)

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

E BIRTH* Feb 13 191 7
[Month] [Day] [Year]

FATHER
G. A. Peck

N MOTHER
A. Nelson

I HEREBY CERTIFY that the child described herein has been named

Della Lona Peck
[Give name in full] [Surname]

[Signature]

(Physician or Midwife)

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

472-213-155