# ARIZONA STATE BOARD OF HEALTH

**BUREAU OF VITAL STATISTICS**

**SUPPLEMENTARY REPORT OF BIRTH**

n should preferably be made
ho made the original.)

County Register No.* 76

Birth Yuma
(Registration district) No. St.

HILD* Girl | Twin* Triplet or other? | and | Number* in order of birth

BIRTH* Mch 18, 1917
[Month] [Day] [Year]

FATHER
J. Beals

MOTHER
M. A. Burdus

I HEREBY CERTIFY that the child described herein has been named

Richalene Beals.
[Give name in full] [Surname]

[Signature] Mrs R. J. Beals.
(Physician or Midwife)

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

922-318-424

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