590

p. 7 3m 9-15-09

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

rn should preferably be made
rson who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 98

f Birth Lakeside (Registration district) No. St.

HILD*	Twin* Triplet or other?	and	Number* in order of birth
2			

BIRTH* 3/24 (Month) (Day) 19 (Year)

FATHER
Geo Clark Hansen

MOTHER
Ida West

I HEREBY CERTIFY that the child described herein has been named

John Rex (Given name in full) Hansen (Surname)

(Signature) Loretta Hansen

185-324-963 Lakeside Ariz. (Physician or Midwife)

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