

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(Information should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Phoenix County Maricopa No. 3467.15th St.

SEX <u>♂</u>	CHILD* <input type="checkbox"/>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Jan. 16</u> , 19 <u>20</u>				
(Month) (Day) (Year)				
FULL NAME		FATHER		
<u>Jess Harvey Kleck</u>				
FULL MAIDEN NAME		MOTHER		
<u>Eva Etter Kleck</u>				

I HEREBY CERTIFY that the child described herein has
been named

Edwin Loren Kleck

(Give name in full)

(Surname)

Mrs. Eva E. Kleck

(Parent's Signature)

(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.

SM 6-1-38

522-116-522