2650

Local Registrar
No 515 mesa

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 22 # 477

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar No.* _____

Place of Birth Mesa (Registration District) No _____ St.

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

DATE OF BIRTH* October 31 (Month) (Day) 1920 (Year)

FULL* NAME FATHER Peter Magnusson

FULL* MAIDEN NAME MOTHER Lettie May Mc Allister

I HEREBY CERTIFY that the child described herein has been named

Eldon M. Magnusson (Give name in full) (Surname)

(Signature) Lettie Magnusson

J Bernard Nelson MD (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 county registrar. County registrars must mail with original certificate on tenth day of following month.

4-13-21 545-1031-745

beneath the original.