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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 148

Place of Birth Miami County Miami No. Arizona St.

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth	
<u>Female</u>						
DATE OF BIRTH*	<u>Aug.</u>	<u>17</u>	<u>1921</u>	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>John Frank Hambrecht</u>					
FULL* MAIDEN NAME	MOTHER <u>Mary Laverne Lodge</u>					

I HEREBY CERTIFY that the child described herein
has been named

Frances May Hambrecht
(Give name in full) (Surname)

Mary La Vera Lodge
(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.

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682-817-445