[redacted]

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MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 8 # 211

s return should preferably be made
be person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 233

ce of Birth Bryce County Graham No. St.
(Registration District)

OF CHILD*	Twin ~~Triplet~~	and	Number* in order of birth
emale			2

DATE OF BIRTH* August 29th 1921
(Month) (Day) (Year)

FULL* NAME — FATHER: William A. Peck

FULL* MAIDEN NAME — MOTHER: Sarah Jane Norton

I HEREBY CERTIFY that the child described herein has been named

Fern Peck
(Give [redacted] full) (Surname)

(Signature) R.C.

R.C. Dryden M.D.
(Physician or [redacted])

*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 enth day of following month.

6-26-22