

2313

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. \*

Place of Birth Winkelman County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD\* Twin Triplet or other? { and } Number in order of birth

DATE OF BIRTH\* Feb. 12 - 1922  
(Month) (Day) (Year)

FATHER  
FULL NAME John Alexandra Peay

MOTHER  
FULL MAIDEN NAME Gene Hooper

I HEREBY CERTIFY that the child described herein has been named

Mary Lue Peay  
(Give name in full) (Surname)

Gene H. Peay  
(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.  
10M-3-42-Bower Co.

498-212-982

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

RECE

MAR 18