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PLACE OF BIRTH

County of Graham

District of Safford

Town of Bryce

or

City of

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1871

Co. Registrar No.

Local Registrar's No. 341

(No. St. Ward)

FULL NAME OF CHILD Wendell N. Peck

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male	Single		8	yes	Dec. 3. 1921

Full name	FATHER	Full Maiden name	MOTHER

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

Place of Birth Bryce County Graham No. St.

(Registration District)

CHILD*	Twin Triplet or other?	and	Number* in order of birth
M	S		

I HEREBY CERTIFY that the child described herein has been named

Wendell L. N. Peck

(Give name in full) (Surname)

George A Peck

(Parent's Signature)

Date of Birth* Dec 3 1921

(Month) (Day) (Year)

FATHER George Alvin Peck

MOTHER Mary Almeda Nelson

(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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672-1203-455

Filed Nov 1922

COUNTY REGISTRAR.

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672-1203-455