4341

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MAY 13 1922

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File # 341

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

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 120

Place of Birth Lakeside Ariz. No. ..... St.
(Registration District)

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

DATE OF BIRTH* 30 Apr 1922
(Month) (Day) (Year)

FULL* NAME — FATHER Mahonri R. Fish

FULL* MAIDEN NAME — MOTHER Minnie R. Adams.

I HEREBY CERTIFY that the child described herein has been named

Beulah Fish
(Give name in full) (Surname)

[Signature] John L. Fish
Local Registrar
(~~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.