2336

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USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

95

(This retur... ...eferably be made by the pers... ...ade the original)

County Registrar's No.*

Place of ... Miami (Registration District) County Gila No. Inspiration Hospital.

SEX OF CHILD Male — Twin Triplet or other? and Number in order of birth One

DATE OF BIRTH* June (Month) 1 (Day) 1922 (Year)

FULL NAME FATHER Willard Pace

FULL* MAIDEN NAME MOTHER Martha Layton.

I HEREBY CERTIFY that the child described herein has been named

James Kenneth Pace (Give name in full) (Surname)

Martha Layton Pace (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—8-42—Bower Co.

175-601-435