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ARIZONA STATE BOARD OF HEALTH Vol. 6 # 113

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

Place of Birth Rice County Gila No. St.
(Registration District)

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

DATE OF BIRTH* June 15th 1922
(Month) (Day) (Year)

FULL* NAME — FATHER: Henry Edward Rosin

FULL* MAIDEN NAME — MOTHER: Johanna Magdalena Uplegger

I HEREBY CERTIFY that the child described herein has been named

Rupert William Alfred Rosin
(Give name in full) (Surname)

H. E. Rosin
(Parent's signature)

C A Sawyer M.D.
(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.

Addition to child's name 995-615-149 12-15-23