

2791

**Damaged Document(s)**

ARIZONA STATE BOARD OF HEALTH Vol. 10 # 320  
BUREAU 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 Mesa County Maricopa No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other	and	Number* in order of birth
Female			
DATE OF BIRTH*	Oct	19th	1923
	(Month)	(Day)	(Year)
FULL NAME	Oscar Ray		
FULL MARRIAGE NAME	Nancy Marit Ault		

I HEREBY CERTIFY that the child described herein has been named

Marina Pauline Ray  
(Give name in full) (Surname)

Mrs Oscar Ray  
(Parent's signature)  
[Signature]  
(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 following month.

7-18-23