4789

523
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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 9 # 143

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 454

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

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

DATE OF BIRTH* September 26th 1922 (Month) (Day) (Year)

FULL* NAME FATHER Maximilian M. ~~Maximillian~~ Bruhl

FULL* MAIDEN NAME MOTHER Elizabeth ~~Colton~~ Cottam

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Agnes Bruhl (Give name in full) (Surname)

M. M. Bruhl (Parent's signature)

C. A. Risser (Physician or ~~Midwife~~)

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.

Received July 6-1923 R. G. Fox Co Registrar 7-12-23