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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 6 #154

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

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

DATE OF BIRTH* June (Month) 25th (Day) 1923 (Year)

FULL NAME FATHER Revile Fuller

FULL MAIDEN NAME MOTHER Mina Prisby

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

I HEREBY CERTIFY that the child described herein has named

Jewell Ellen Fuller
(Give name in full) (Surname)

Revile Fuller
(Parent's signature)

C. H. Riesen MD
SIGNATURE OF (Physician or Midwif

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 tent following month.

169-625-478

3-10-24