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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 9 #150

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

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

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* September 23d 1923
(Month) (Day) (Year)

FULL* NAME — FATHER: ~~Harry~~ Henry Edward Rosin

FULL* MAIDEN NAME — MOTHER: Johanna E. Uplagger

I HEREBY CERTIFY that the child described herein has been named

Ernst Herman Rosin
(Give name in full) (Surname)

Henry Edward Rosin.
(Parent's signature)

C. L. Woods
(Signature of Physician ~~or Midwife~~.)

C H Sawyer - Local Registrar
San Carlos Agency
3/8/24.

*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.

595-923-149 3-11-24