1880

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 11 # 175

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* November 22nd 1923
(Month) (Day) (Year)

FULL* NAME FATHER
Carl Eugene Pierson

FULL* MAIDEN NAME MOTHER
Lois Thelma Young

I HEREBY CERTIFY that the child described herein has been named

Bertha Fay Pierson
(Give name in full) (Surname)

Mrs. Carl E. Pierson
(Parent's signature)

P. M. Butler, M.D.
SIGNATURE OF (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.

Corrections. 4-16-24 275-1122-387

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