205

ARIZONA STATE BOARD OF HEALTH Vol. 12 # 151
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 Hayden County Gila No. S
(Registration District)

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

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

FULL* NAME FATHER
William Arthur Pratt

FULL* MAIDEN NAME MOTHER
Anna Margaret Elizabeth Lohman

I HEREBY CERTIFY that the child described herein has bee named

Elizabeth Zoella Pratt
(Give name in full) (Surname)

Mrs. Wm. A. Pratt
(Parent's signature)

Fitz R. Wins
SIGNATURE OF (Physician or Mid

*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 of following month.

Correcting child's name 4-4-24

573-1222-135

362101
7-6-82 3969 ①
7-12-82 fm ①
11-7-83 4426 ①
11-10-83 fm