ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 470

Place of Birth Drumway (Registration District) County Nav. No. ..... St.

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

DATE OF BIRTH* Mar. 24, 1924 (Month) (Day) (Year)

FULL* NAME FATHER Lorenzo D. Photow

FULL* MAIDEN NAME MOTHER Jennie Brinkerhoff

I HEREBY CERTIFY that the child described herein has been named Lorenzo Dow Photow (Give name in full) (Surname)

Lorenzo D Photow (Parent's Signature)

..... (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.

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