1432

MARGIN RESE
This supplemental

4239-0

ARIZONA STATE BOARD OF HEALTH Vol. 6 #121
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 San Carlos County Gila No. St.
(Registration District)

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

DATE OF BIRTH* June (Month) 6th (Day) 1924 (Year)

FULL* NAME FATHER David Richard Bowman

FULL* MAIDEN NAME MOTHER Clara Leona Peach

I HEREBY CERTIFY that the child described herein has been named

Richard Lewis (Give name in full) Bowman (Surname)

David Richard Bowman (Parent's signature)

C. L. Woods - 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.

925-606-378 Correcting maiden name of mother 9-25-24

RECEIVED