ARIZONA STATE BOARD OF HEALTH Vol. 7-24 #154

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

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

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

ATE OF BIRTH* July 21 1924
(Month) (Day) (Year)

ULL* AME — FATHER: Frank Elmer Lohrum

ULL* MAIDEN NAME — MOTHER: Vera Triplett

I HEREBY CERTIFY that the child described herein has been named

Frank Junior Lohrum
(Given name in full) (Surname)

Supplementary report must be returned within 15 days

× Mrs Frank Lohrum
(Father's or Mother's Signature)

× Fitz R. Winslow 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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

Correcting mother's maiden name

11-13-25 634-721-533