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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Phoenix County Maricopa No. _____ St. _____
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* October 14 1944
(Month) (Day) (Year)

Maurice Grunwell
(Give name in full) (Surname)

FATHER
FULL NAME Orval Merrill Grunwell

OM Grunwell
(Parent's Signature)

MOTHER
FULL MAIDEN NAME Edith Jean Meers

(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.
10M-8-42-Bower Co.

473-1014-545