ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 11 #143

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* November (Month) 7th (Day) 1924 (Year)

FULL* NAME — FATHER: Andrew Pyeatt

FULL* MAIDEN NAME — MOTHER: Mabel Harris

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Ethel Mae (Give name in full) Pyeatt (Surname)

Mabel Pyeatt & Andrew Pyeatt (Parent's signature)

C H Kiser MD (Signature of Physician or ~~Midwife~~)

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.

573 - 507 - 1462 3-15-25