

1484

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 11 #420

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

I HEREBY CERTIFY that the child described herein has been
named

DATE OF BIRTH* November 23d 1924
(Month) (Day) (Year)

Martha Lois Viault
(Give name in full) (Surname)

FULL* FATHER
NAME Arthur Ferdinand Viault

Mr. and Mrs. Arthur Viault
(Parent's signature)

FULL* MOTHER
MAIDEN NAME Naomah Young

Geo M. Brantley
(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.

3-21-25