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# ARIZONA STATE BOARD OF HEALTH Vol. 2 # 163

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 (Registration District) Miami County Gila No. ..... St.

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

DATE OF BIRTH* February 21st 1925 (Month) (Day) (Year)

FULL* NAME — FATHER: Ralph Martin Pedersen

FULL* MAIDEN NAME — MOTHER: Gertrude May Foote

I HEREBY CERTIFY that the child described herein has been named

Richard Foote Pedersen (Give name in full) (Surname)

x Gertrude Foote Pedersen (Parent's Signature)

x G. F. Miller MD (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.

8-5-25

Correcting mother's maiden name