

Supplemental report is to be pasted
beneath the original.

ARIZONA STATE BOARD OF HEALTH Vol. 4-25 #176
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... Hayden County... Gila No. St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH* April 18th 1925
(Month) (Day) (Year)

Margaret Jean Chappel
(Give name in full) (Surname)

FULL* NAME FATHER David Dyer Chappel

Winifred Chappel - David Dyer Chappel
(Parent's Signature)

FULL* MAIDEN NAME MOTHER Winifred Lacy

Charles M. Huatis, 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 county registrar. County registrars must mail with
original certificate on tenth day of following month.

Corrections

8-17-25

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*.....

Arizona County... Gila No. St.

and { Number* in order of birth

I HEREBY CERTIFY that the child described herein has
been named

18 1925
(Day) (Year)

Margaret Jean Chappel
(Give name in full) (Surname)

FATHER David Dyer Chappel

D. D. Chappel
(Father's or Mother's Signature)

MOTHER Winifred Lacy

Charles M. Huatis
(Signature of Physician or Midwife)

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s of birth may be obtained from the local registrar.
supplement reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN K.

433-418-638

REPLACES FOR SIMDIP