ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 5-25 # 237

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

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

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

OF CHILD*	Twin ~~Triplet or other?~~	and	Number* in order of birth
Male			1st

TE OF BIRTH*.....May 28th.....192..5
(Month) (Day) (Year)

ULL* AME — FATHER: Matthias Fred Schmich

ULL* IDEN AME — MOTHER: Gertrude Cecilia Dalton

I HEREBY CERTIFY that the child described herein has been named

.....Lawrence Dalton Schmich.....
(Give name in full) (Surname)

Matthias Fred Schmich
(Parent's Signature)

[signature]
(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.

Changing child's name 328-528-745 8-17-25

RECEIVED
JUL 13 1925