ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 6-25 # 132

(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) Hayden County Gila No. ..... St.

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

DATE OF BIRTH* June 3rd 192 5
(Month) (Day) (Year)

FULL* NAME — FATHER: Nathan Pierson

FULL* MAIDEN NAME — MOTHER: Rose Young

I HEREBY CERTIFY that the child described herein has been named

Rosie Lorraine Pierson
(Give name in full) (Surname)

Nathan Pierson
(Parent's Signature)

Charles Hurst 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.

Correcting child's name 1-8-26

975-603-9987

Return supplementary report immediately.

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