

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 160

Place of Birth Miami, Ariz. County _____
(Registration District)

No. Inspiration Hospital St.

SEX OF CHILD	<u>Female</u>	Twins This or other?	{	and	{	Number in order of birth
DATE OF BIRTH	<u>July</u>	<u>7</u>				<u>1925</u>
FULL NAME	<u>FATHER James Louis Zumwalt</u>					
FULL MAIDEN NAME	<u>MOTHER Kathryn Fannie Ward</u>					

I HEREBY CERTIFY that the child described herein has been named

Peggy Jean Zumwalt (Given name in full) (Surname)
(mother) Kathryn F. McMahon (Parent's 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.
10M-8-42-Bower Co.

793-707-264