3-16-93 #2573/2574 (XIPC) = 1 JA 3-23-93

197

ARIZONA STATE DEPARTMENT OF HEALTH

urn should preferably be made
person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

of Birth Globe - Arizona County Gila No. ..... St.
(Registration District)

CHILD*	Twin Triplet or other?	and	Number in order of birth
ALE			

OF BIRTH* July (Month) 22 (Day) 1925 (Year)

FATHER
Robert - A. Moore

MOTHER (BRENSEL)
EN
Elizabeth - Alleyn - Moore

I HEREBY CERTIFY that the child described herein has been named

Madge - Roberta - Moore
(Give name in full) (Surname)

Mrs. Elizabeth Moore - Brenzel
(Parent's Signature)

(Signature of Physician or Midwife)

ese items to be entered by the local registrar before giving out this form.

lank supplemental reports of birth may be obtained from the local registrar.
U.A.P.

445-722-587