

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

109

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.\*.....

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>Sep. 12 - 25</u>	(Month)	(Day)	(Year)
FULL NAME <u>Peter Abram Wahlen</u>	FATHER		
FULL MAIDEN NAME <u>Burnetta Gibbons</u>	MOTHER		

I HEREBY CERTIFY that the child described  
herein has been named

Lawrence Gene Wahlen  
(Give name in full) (Surname)  
.....  
(Parent's Signature)  
Burnetta S. Wahlen  
(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.