ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 9-25 # 439

(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) Taylor County Navajo No. ..... St.

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

DATE OF BIRTH* September 26th 192 5
(Month) (Day) (Year)

FULL* NAME — FATHER: Jas. Lester Shumway

FULL* MAIDEN NAME — MOTHER: Uldene Ransay

I HEREBY CERTIFY that the child described herein has been named

Bernice Shumway
(Give name in full) (Surname)

Lester Shumway
(Parent's Signature)

J. N. Tegnwood
(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.

1—11—26

Return supplementary report immediately.

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