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ARIZONA STATE BOARD OF HEALTH Vol. 12-25 # 467

BUREAU OF VITAL STATISTICS

(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
Male			

DATE OF BIRTH* December (Month) 18th (Day) 1925 (Year)

FULL* NAME — FATHER: Charles L. Shumway

FULL* MAIDEN NAME — MOTHER: Myrtle Jennings

I HEREBY CERTIFY that the child described herein has been named

Van L. Shumway (Give name in full) ..... (Surname)

x Charles L. Shumway (Parent's Signature) In ink

x J. N. Heywood (Signature of Physician ~~or Midwife~~)

*These items to be entered by the local registrar before signing 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.

Return supplementary report immedia

7-6-27