146 #145 V

ARIZONA STATE BOARD OF HEALTH

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 Miami, County Gila No. Miami Inspiration Hospital St.
(Registration District)

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

DATE OF BIRTH* Jan. (Month) 11 (Day) 1926 (Year)

FULL* NAME FATHER Joseph Eli Lescure

FULL* MAIDEN NAME MOTHER Mabel Alice Sipe

I HEREBY CERTIFY that the child described herein has been named

Constance (Give name in full) Lescure (Surname)

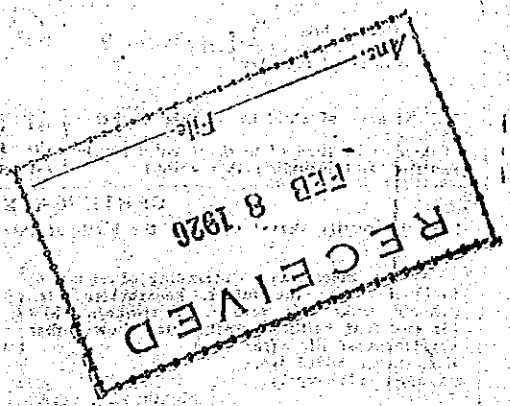
Mrs & Mrs J. E. Lescure (Parent's signature)

H. F. Miller (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.

Changing child's name 335-111-475

RECEIVED FEB 8 1926 File Ans.

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