

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

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(This report should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No. ....

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? { and }	Number* in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* May 7 1928  
(Month) (Day) (Year)

Douglas Donald Lamoreaux  
(Give name in full) (Surname)

NAME OF FATHER  
Douglas Ryan Lamoreaux

NAME OF MOTHER  
Theresa Haus

Theresa Lamoreaux  
(Parent's signature)

\*These items to be entered by the local registrar before giving out this form.

(Signature of Physician or Midwife)

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 the day of following month.

437-507-362

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.