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 Local Registrar's No.*.....

Place of Birth (Registration District) Miami County Gila No. Miami Inspiration Hosp. St.

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

DATE OF BIRTH* February (Month) 19 (Day) 1928 (Year)

FULL* NAME — FATHER: William Maurice Peterson

FULL* MAIDEN NAME — MOTHER: Helen Katherine Dormik

I HEREBY CERTIFY that the child described herein has been named

Maurice Kimball Peterson
(Given name in full) (Surname)

✓ Mrs. Wm. Peterson
(Father's or Mother's Signature)

✓ F. Fromillar M.D.
(Signature of Physician or Midwife)

Mrs Wm. Peterson

*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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

475-219-842

RECEIV
MAR 15 1928
Ans. File

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