

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 154

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

SEX OF CHILD	Twin Triplet or other?	}	and	}	Number in order of birth
<u>Male</u>					

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH Jan. 10 1929
(Month) (Day) (Year)

Donald Anthony Peach
(Give name in full) (Surname)

FULL NAME FATHER Thomas Jefferson Peach

Kenneth Wilson Peach
(Parent's Signature)

FULL MAIDEN NAME MOTHER Kenneth Wilson Anthony

(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.

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