

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.* 121

Place of Birth Miami, Arizona County Gila No. Miami-Inspiration Hospital St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					
DATE OF BIRTH*	October 15 5th 1929	(Month)	(Day)	(Year)	
FULL* NAME	FATHER	Edmund Frederick Rasmussen			
FULL* MAIDEN NAME	MOTHER	Mildred Sanders			

I HEREBY CERTIFY that the child described herein
has been named

Edmund Frederick Rasmussen, Jr.
(Give name in full) (Surname)
Edmund F. Rasmussen, Sr.
(Parent's Signature)

(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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