

GOVERNMENT OF *Arizona*  
DEPARTMENT OF *Health*

CERTIFICATE OF BIRTH Issued under Section 13  
Revised under Section 17 of the Registration of Births and Deaths Act, 1907

This is to certify that the following information has been taken from the original record of birth as filed in the register for *Arizona* of *Arizona* *Arizona*  
Name *John* of State *Arizona*  
*John*  
Date of Birth *28 June 1903* Registration No. *952/10*  
Sex *Male* Date of Registration *27*  
Place of Birth *Clifton* Name of Hospital *Clifton*  
*Clifton* Name of Physician *Clifton*  
*Clifton* Name of Registrar *Clifton*



DEPARTMENT OF HEALTH, STATE OF ARIZONA