	affidowit attack	eef
PLACE OF BIRTH	ARIZONA STATE BOA	
County of Marientes	BUREAU OF VITAL STATISTICS	State Index No. 12
District of O	RIGINAL CERTIFICATE OF BIRTH	Co. Register No.7463
Town of	,	Local Registrar's No. 143
City of Atrocned	No. P. 11 27 : 3 79 . St.	St;Ward)
FULL NAME OF CHILD Wall If child is not named, make Supplemen	ter Irwing January Land Report on blank Spiritable from local re	Born YES Gistrar. Alive
Sex of Child male Twin, Triplet or other	and Number Legiti- Date Birth of birth	
Name Lawrence Wal	Terchon Name Thelm	MER Bassimore
Residence 811 M. 3 rd Sh	Residence	nd St
Color Age at last or Race Birthday	(Years) Color or Race	Age at last Birthday (Years)
Occupation Spale man	Birthplace Bridge Occupation House	Lowa Ant Canal
Number of child of this mother 2		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
.I hereby certify that I attended the birth	n of the above child; and that it orred on	Aug 2 \$191 g at 29. M.
When there is no attending physician or midwife, nen the householder should make this return.	(Signature)	cian, midwife, householder.)
Given or Christian name added from a	Address Bo G	Goodrigh Bly
supplemental report191	Filed 191 Driff	LOCAL REGISTRAR.
(A) -0 20 - 515	Filed 11 - 6 191 7. Copy (0. (R lo arom