

## 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.\*

Place of Birth Miami County Gila No. \_\_\_\_\_ St.  
(Registration District)SEX OF CHILD\* Twin } and } Number  
Male Triplet } in order  
or other? } of birthDATE OF BIRTH November 20 1927  
(Month) (Day) (Year)FULL\* FATHER  
NAME August Dehon AyraudFULL\* MOTHER  
MAIDEN NAME Edith Evelyn CouchI HEREBY CERTIFY that the child described herein  
has been namedRICHARD CORDELL AYRAUD

(Give name in full) (Surname)

Frank Edward Ayraud  
(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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914-1120-538

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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