15832

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

Place of Birth Payson (Registration District) County Gila No. County Registrar's No.* 171

SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth

DATE OF BIRTH* March (Month) 17 (Day) 1930 (Year)

FULL* NAME FATHER William H. Lawson

FULL* MAIDEN NAME MOTHER Rose Maud Reed

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named Sherman Lee Lawson (Give name in full) (Surname)

Mrs. W. H. Lawson (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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235-317-991