Marlin Gillespie 13357 506

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.* 306

Place of Birth (Registration District) Lakeside County Navajo No. St.

SEX OF CHILD* Male	Twin / Triplet / or other?	and	Number in order of birth
DATE OF BIRTH* July 8, 1934 (Month) (Day) (Year)			
FULL* NAME	FATHER Ellis Lane Gillespie		
FULL* MAIDEN NAME	MOTHER Edna Elnora Earl		

I HEREBY CERTIFY that the child described herein has been named

Marlin F. Gillespie
(Give name in full) (Surname)

Ellis Lane Gillespie
(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.

10M 12-46

4-25-705-553