

1920

8-8-79 ① 6361 26 ⑤

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County Registrar's No.*.....

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Glendale County Gila No..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH*	<u>Oct</u> (Month)	<u>12</u> (Day)	<u>1912</u> (Year)
FULL* NAME	FATHER <u>Albert Cleland Buffington</u>		
FULL* MAIDEN NAME	MOTHER <u>Edith Rose Taylor</u>		

I HEREBY CERTIFY that the child described herein has been named

Doyle John Buffington
(Given name in full) (Surname)
Albert C Buffington
(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.

425-1012-539