

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

This return should preferably be made by the person who made the original.

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. St.

Place of Birth Miami County Gila No.

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

DATE OF BIRTH* July 4 1913
(Month) (Day) (Year)

FATHER'S NAME Richard Triniman

MOTHER'S NAME Florence Klingensmith

I HEREBY CERTIFY that the child described herein has been named

Dorothy Triniman

Florence E. Triniman
(Given name in full) (Surname)
(Mother or Mother's Signature)

Wesley D. Brayton
(Signature of Physician or Registrar)

*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.
Local registrars must mail supplemental reports immediately to state registrar. PLEASE WRITE PLAIN AND IN INK.

435-704-6256