1312

BINDING
be pasted

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

return should preferably be made
he person who made the original)

ce of Birth Hayden, Arizona County Gila No. ..... St.
egistration District)

OF CHILD*	~~Twin~~ ~~Triplet~~ or other?	and	Number in order of birth
Female	1		1

BIRTH* Aug (Month) 24 (Day) 1913 (Year)

FATHER Dayton M. Lincoln

MOTHER Mary A. Stone

I HEREBY CERTIFY that the child described herein has been named.

Dolores Lincoln
(Give name in full) (Surname)

Dayton M Lincoln
(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.

/11/40

435-824-425