

2286

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

County Registrar's No.*

Place of Birth St. David County Cochise No. _____ St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Oct 13 1914
(Month) (Day) (Year)

Dick Wesley Tilton
(Give name in full) (Surname)

FULL* FATHER NAME Lyle Vernon Tilton

Ruth G. Tilton
(Parent's Signature)

FULL* MOTHER MAIDEN NAME Ruth Goodman

J. A. Morrison M.D.
(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.

5M 7/11/40

435-1013-975