

1233

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

(his return should preferably be made  
the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.\* 139

Place of Birth Pine, Arizona No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration district)

|  |                               |                                       |
|--|-------------------------------|---------------------------------------|
| SEX OF CHILD*<br><u>Female</u>         | Twin*<br>Triplet<br>or other? | and } Number*<br>in order<br>of birth |
| DATE OF BIRTH*<br><u>June 6 1915</u>   | (Month)                       | (Day) (Year)                          |
| FULL NAME<br><u>Lee Patterson</u>      | FATHER                        |                                       |
| FULL MAIDEN NAME<br><u>Maud Fuller</u> | MOTHER                        |                                       |

I HEREBY CERTIFY that the child described herein  
has been named

Emmora Lulla Patterson  
(Given name in full) (Surname)

(Signature) A. B. Leonard

\*These items to be entered by the local registrar before giving out this form.  
Blank supplemental reports of births may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Entered Aug 10 - 1915 B. G. J. of W. D. Co Registrar  
(Physician or Midwife)