ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ıis return should preferably be made the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.*.....

ace of Birth Tuna, Arizona No. ..... St.
(Registration district)

X OF CHILD*	Twin* Triplet or other?	and	Number* in order of birth
Male			

OF BIRTH* June 21 191 5
[Month] [Day] [Year]

LL* ME FATHER Andrew Eyring

LL* IDEN ME MOTHER Edith Howe

I HEREBY CERTIFY that the child described herein has been named

Dessie Eyring
[Give name in full] [Surname]

[Signature] A. T. Eyring

(Physician or Midwife)

*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 h day of following month.