

2584

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Miami County Gila No. Miami Inspirations Hospital
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? <u>Single</u>	and	Number in order of birth <u>1st</u>
DATE OF BIRTH* <u>June 19 1916</u> (Month) (Day) (Year)			
FULL NAME <u>John Martyn</u>		FATHER	
FULL MAIDEN NAME <u>Lyle Solomon</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Jack Wendell Martyn
(Give name in full) (Surname)

Lyle Martyn
(Parent's Signature)

Lynette M. Brown MD
(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.
10M-8-42-Bower Co.

145^x-619-325