

2004

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 Register No. \* 324

Place of Birth Altohe (Registration district) No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD* <u>F.</u>	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Oct. 13</u>	[Month]	[Day]	191 <u>6</u> [Year]
LL* FATHER ME <u>R. C. Stuart</u>	MOTHER LL* ME <u>W. F. Lundeberg</u>		

I HEREBY CERTIFY that the child described herein has been named

May Elizabeth Stuart  
[Give name in full] [Surname]

[Signature] 423-1013-767

W. M. Miles  
(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 the 10th day of following month.

Entered Jan 2 1917 Co. Reg. Co. Reg.