1937

311

M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

...should preferably be made ...who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

...of Birth Lehi County Maricopa No. ..... St.

...ration District)

CHILD*	Twin Triplet or other?	and	Number* in order of birth
Mail			

BIRTH* September 27th 1917 (Month) (Day) (Year)

FATHER Caleb Ault

MOTHER Melinda Elizabeth Elders

I HEREBY CERTIFY that the child described herein has been named

Marvin Elder Ault (Give name in full) (Surname)

Caleb Ault (Parent's Signature)

(Signature of Physician or Midwife)

...items to be entered by the local registrar before giving out this form.

...supplemental reports of birth may be obtained from the local registrar

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original

413-927-459