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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

ably be made (the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*
Central County Graham No. St.

Month	Day	Year	Number in order of birth
November	14th	1920	
FATHER			
Franklin Whitmer			
MOTHER			
Nebb			

I HEREBY CERTIFY that the child described herein has been named

Lyle Edward Whitmer
(Give name in full) (Surname)

Benjamin Franklin Whitmer
(Parent's Signature)

J. N. Swanson M.D.
(Signature of Physician or Registrar)

Recorded by the local registrar before giving out this form.

Reports of birth may be obtained from the local registrar.

If the name is wrong will you kindly correct same and mail same to Benjamin F. Whitmer . Central, Arizona. 269-1114-662