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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

Vol. 3 # 356

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Mesa County Maricopa No. _____ St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			
DATE OF BIRTH* <u>March 16th</u> 192 <u>1</u>			
(Month)		(Day)	(Year)
FULL* NAME		FATHER	
<u>Caleb Ault</u>			
FULL* MAIDEN NAME		MOTHER	
<u>Melinda C. Elder</u>			

I HEREBY CERTIFY that the child described herein has been named

Dean D.E. Jas. Ault
(Give name in full) (Surname)

(Signature) Miss Caleb Ault

D.R. Spenshaw
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

8-1-21

3-316-459