#375

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.*.....

Place of Birth Mesa Arizona (Registration District) No. R.F.D. No 2. St.

SEX OF CHILD* Female | ~~Twin~~ ~~Triplet~~ or other? | and | Number* in order of birth Nine

DATE OF BIRTH* February (Month) 15 (Day) 1923 (Year)

FULL* NAME FATHER Andrew Theodore Eyring

FULL* MAIDEN NAME MOTHER Edith Haws

I HEREBY CERTIFY that the child described herein has been named

Lucile (Give name in full) Eyring (Surname)

[Signature] A. Eyring

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

Change of child's name 357-215-542 7-13-23