

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *32*

Place of Birth *Mesa* County *Maricopa* No. _____ St. _____
(Registration District)

SEX OF CHILD* <i>Male</i>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <i>July 16 1924</i>	(Month)	(Day)	(Year)
FULL NAME <i>Calab Ault</i>	FATHER		
FULL MAIDEN NAME <i>Melinda Elisabeth Older</i>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Thomas Leroy Ault
(Give name in full) (Surname)

Mrs C Ault
(Parent's Signature)

(Signature of 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.
 10M 11-41 A.P.

313-716-459