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 Registrar's No.*

Place of Birth Canyon Day, County Gila No. St.
(Registration District)

SEX OF CHILD* Female | ~~Twin~~ Triplet or other? | and | Number* in order of birth 5

DATE OF BIRTH* Jan (Month) 24 (Day) 1926 (Year)

FULL* NAME FATHER Edward L Seymour

FULL* MAIDEN NAME MOTHER Nell A Brown

I HEREBY CERTIFY that the child described herein has been named Mary Lydia Seymour
(Give name in full) (Surname)

Edward L Seymour
(Parent's signature)

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

429-124-525

RECEIVED FEB 10 1926 Am. Pm.

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