

ARIZONA STATE BOARD OF HEALTH Vol. 12-25 # 188  
BUREAU OF VITAL STATISTICS

Should preferably be made by the physician or midwife who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. ....  
 District) Cutter County Gila No. .... St. ....

5*	Twin	and	Number* in order of birth
	Triplet or other?		

DATE: December 29th 1925  
 (Month) (Day) (Year)

FATHER  
William Buck Lindsay

MOTHER  
Ellie Moore

I HEREBY CERTIFY that the child described herein has been named

Elmer Clyde Lindsay  
 (Give name in full) (Surname)

Mr and Mrs William Buck Lindsay  
 (Parent's Signature)

W. W. Horst M.D  
 (Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar. County registrars must mail supplemental reports immediately to county registrar. County registrars must mail supplemental reports on tenth day of following month.

to name is Lindsay - not Lindsay 538-1229-845  
 Return supplemental report to  
 W. W. Horst