

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 166

Place of Birth Inspiration County Gila No. _____ St. _____
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth.
<u>Female</u>					

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* May 20 1926
 (Month) (Day) (Year)

AMANDA MERULDA DICKENS (~~Scott~~)
 (Give name in full) (Surname)

FULL NAME Glen Leonard Dickens
 FATHER

Hazel Louise Ruckman
 (Parent's Signature)

FULL MAIDEN NAME Hazel Louise Bixler
 MOTHER

(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.

142-570-929

MARGIN RESERVED FOR BINDING
 USE PERMANENT INK

Do not stamp over the number of days in