

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. * 154

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

SEX OF CHILD* Twin } and { Number
Triplet } in order
or other? } of birth

I HEREBY CERTIFY that the child described herein has been named

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

Lynn Mayes Sheppard
(Give name in full) (Surname)

FULL NAME FATHER Horace P. Sheppard

(Parent's Signature)

FULL MAIDEN NAME MOTHER Lucy Cornett

T. C. Harper, M.D.
(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.

