MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1[illegible]

return should preferably be made
(Th[illegible]e person who made the ariginal)
by

e of Birth Globe County Gila No. St.
Pl[illegible]egistration District)

SEX	OF CHILD* ale	Twin Triplet or other? x	and Number in order of birth 3
DA	OF BIRTH* Aug. (Month)	13 (Day)	1929 ~~1928~~ (Year)
FU NA	FATHER Oris Savage Stratton		
FU MA NA	MOTHER Laura Sanders		

I HEREBY CERTIFY that the child described herein has been named

Lyn O. Stratton
(Give name in full) (Surname)

Oris Stratton
(Parent's Signature)

Mary Hart
(Signature of Physician or Midwife)

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

k supplemental reports of birth may be obtained from the local registrar.

/41

5M

325-813-322