ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

his return should preferably be made the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 80

ace of Birth Hayden County Gila No. St.
egistration District)

N OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

DATE OF BIRTH* Oct (Month) 18 (Day) 1929 Year)

FATHER

ULL* AME Calvin Brinkley Wynn

MOTHER

ULL* AIDEN AME Edith Bentland

I HEREBY CERTIFY that the child described herein has been named

Billie Maurine Wynn
(Given name in full) (Surname)

Calvin Brinkley Wynn
(Father's or Mother's Signature)

Charles B. Huston 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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.