

28919
MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This report preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 337

Place of Birth Phoenix County Maricopa No. _____ St. _____
(Registration District)

SEX OF CHILD Female (in triplet or other?) { and { Number in order of birth 1

DATE OF BIRTH JANUARY 11, 1935
(Month) (Day) (Year)

FULL NAME OF FATHER Mr. Lynne Rencher

FULL MAIDEN NAME OF MOTHER Alten I Lake

I HEREBY CERTIFY that the child described herein has been named

MARILYN RENCHER
(Give name in full) (Surname)

Alten I. Rencher
(Parent's Signature)

(Signature of Physician or Midwife)

*These reports must be entered by the local registrar before giving out this form.

Blank copies of this report may be obtained from the local registrar.
10M-8-48

499-111-165