

ARIZONA STATE BOARD OF HEALTH Vol. 2-27 # 136
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

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

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* February 12th 1927
(Month) (Day) (Year)

Doris Dean Dodd
(Give name in full) (Surname)

FULL* FATHER
NAME Klondike J. Dodd

x Klondike J. Dodd
Parent's signature
x Charles E. Ford M.D.
(Signature of Physician or Midwife)

FULL* MOTHER
MAIDEN NAME Lucretia Ford

*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 county registrar. County registrars must mail with original certificate on tenth day of following month.

Corrections. 6-20-27 444-212-364 Return supplementary report immediately.

RECEIVED
MAR 11 1927
Ana. File