MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 1740

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

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

DATE OF BIRTH* June 25, 1927 (Month) (Day) (Year)

FULL NAME Clyde Hodson FATHER

FULL* MAIDEN NAME Mary Frances Mc Ginnis MOTHER

I HEREBY CERTIFY that the child described herein has been named

Elizabeth Clyde ~~[illegible]~~ Hodson
(Give name in full) (Surname)

Jesse O. Tibbetts
~~[illegible]~~
Family Friend's Sigt.
(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—8-42—Bower Co.

585-625-442

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