# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.* 85

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

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

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

DATE OF BIRTH* November (Month) 19 (Day) 1927 (Year)

FATHER

FULL* NAME William L. Cluff

MOTHER

FULL* MAIDEN NAME Marvel Boren

I HEREBY CERTIFY that the child described herein has been named

RUTH (Given name in full) CLUFF (Surname)

X William L. Cluff (Father's or Mother's Signature)

(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.

936-1119-425

RECE

DEC 18 1927

File

Ans.