

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

135-

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.*.....

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

SEX OF CHILD* Twin { and } Number in order of birth
Triplet { }
or other { }

DATE OF BIRTH* May 17 1932
(Month) (Day) (Year)

FULL NAME Glen T. Cluff FATHER

FULL MAIDEN NAME Marguerite Arhilda Graham MOTHER

I HEREBY CERTIFY that the child described herein has been named

Howard Richard Cluff
(Give name in full) (Surname)

Mrs. H. J. Kiger
(Parent'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.

10M-8-42-Bowen Co.

836-517-474