MARGIN RESERVED FOR BINDING

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 156

Place of Birth Glenbar (Registration District) County Graham No. St.

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

DATE OF BIRTH* Nov. 21, 1933 (Month) (Day) (Year)

FULL* NAME FATHER Arthur J. Bodine

FULL* MAIDEN NAME MOTHER Edda Loraine Carter

I HEREBY CERTIFY that the child described herein has been named

Arda Lorraine Bodine
(Give name in full) (Surname)

Loraine Bodine
(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.

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