Box 236
Claypool, Arizona 143

3 5M 8-16-35

# ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

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

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 |
|---|---|---|---|
| MALE | | | |

DATE OF BIRTH* ARRIL (Month) 13 (Day) 1937 (Year)

FATHER

FULL* NAME DELMER GORDON

MOTHER

FULL* MAIDEN NAME EDNA MAE DAVENPORT

I HEREBY CERTIFY that the child described herein has been named

PHILIP DEAN GORDON
(Give name in full) (Surname)

.....
(Parent's Signature)

775-413-543
(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