

1938

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth Globe, Arizona County Gila No..... St.

| | | | |
|---------------------------------------|------------------------------|---------|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | { and } | Number in order of birth |
| <u>Male</u> | | | |
| DATE OF BIRTH: <u>April 7, 1893</u> | | | |
| (Month) (Day) (Year) | | | |
| FATHER | | | |
| FULL NAME <u>John Charles Clark</u> | | | |
| MOTHER | | | |
| FULL MAIDEN NAME <u>Mary Anderson</u> | | | |

I HEREBY CERTIFY that the child described herein has been named

John Weaver Clark
(Give name in full) (Surname)
John Weaver Clark
(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.

SM 5/20/41 Parents both dead Physicians whereabouts unknown.

35-474-415