

1165

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

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.\*

Place of Birth Payson County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

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

DATE OF BIRTH\* May 3 1909  
(Month) (Day) (Year)

FULL NAME William Clay Colcord  
FATHER

FULL MAIDEN NAME Carrie Artimisha Cole  
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Wm Harvey Duane Colcord  
(Give name in full) (Surname)

Sr. L. Colcord  
(Parent's Signature)

Deceased  
(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 10-1-43—S.P.Co.

634 A 3275