

2709

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. 122 -

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Duncan County Greenlee No. St.

SEX OF CHILD*	Male	Number in order of birth	one
DATE OF BIRTH*	November 17	(Month)	(Day)
FULL NAME	FATHER: Vane Peter Gould		
FULL MAIDEN NAME	MOTHER: Mattie Daniels		

I HEREBY CERTIFY that the child described herein has been named

Durwood Lindsey Gould (Give name in full) (Surname)

Vane Peter Gould, Mattie Gould (Parent's Signature)

Dr. Moore Dr. Bailey (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.

ISM 7/11/40

474-1117-442

Ophthalmic

Keep the child's

Wipe the eyes with

water as in the

Burn the eyes with

Do not include the

Drop in the eyes

tion of nitrate of

by a competent

Midwives and

sore eyes in

From one-fourth

fore eyes in