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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 Pine County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>male</u>					
DATE OF BIRTH*	<u>February 1</u>	<u>1913</u>			
	(Month)	(Day)	(Year)		
FULL NAME	FATHER				
<u>William Thomas McClendon</u>					
FULL MAIDEN NAME	MOTHER				
<u>Edith Fuller</u>					

I HEREBY CERTIFY that the child described herein
has been named

Bernard McClendon
(Give name in full) (Surname)

Bernard McClendon
Verified war dept. identification card
(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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245-201-569