

2307

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. _____

(This return should preferably be made by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Globe County Gila No. _____ St. _____

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

Male } } _____

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* May - 1 - 1914

Stanley Melville Biddick
(Give name in full) (Surname)

FATHER FULL NAME Claude Melville Biddick

C. M. Biddick
(Parent's Signature)

MOTHER FULL MAIDEN NAME Stella Alma (Alvin) Biddick

(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.

7/11/40

222-501-222