

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 3

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

Place of Birth Flagstaff, Arizona No. _____ St. _____

SEX M CHILD* 1 Twin* 1 Triplet or other 0 and Number* 3 in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Jan 23 1915
 (Month) (Day) (Year)

Merridall Earl Udall
 (Given name in full) (Surname)

FULL NAME OF FATHER Henry G. Udall

(Signature) Henry G. Udall

FULL MAIDEN NAME OF MOTHER Dorinda J. Love

Annie Nelson
 (Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
 Blank supplemental reports of births may be obtained from the local registrar.
 Blank supplemental reports must be mailed to county registrar immediately to county registrar. County registrars must mail with original certificate on tenth following month.