

1227

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. 1227

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

SEX OF CHILD\* MALE Twin Triplet or other? { } and { } Number in order of birth 1

DATE OF BIRTH\* July 27, 1915  
(Month) (Day) (Year)

FULL\* NAME Leonard Langdon FATHER

FULL\* MAIDEN NAME Ada Lange Langdon MOTHER

I HEREBY CERTIFY that the child described herein  
has been named

Wesley Charles Langdon  
(Give name in full) (Surname)

Mrs. Florence Langdon  
(Parent's Signature)  
Grandmother-present at birth

\_\_\_\_\_  
(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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MARGIN RESERVED FOR BINDING  
USE PERMANENT INK