

2361

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH  
BUREAU 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 Young County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD\* Male (Twin or other?) and Number\* in order of birth \_\_\_\_\_

DATE OF BIRTH\* August 11, 1915  
(Month) (Day) (Year)

FULL\* NAME George Washington Hagewood FATHER

FULL\* MAIDEN NAME Emma Clanton MOTHER

I HEREBY CERTIFY that the child described herein has been named

Leonard Sexton Hagewood  
(Give name in full) (Surname)

Emma Hagewood Mother  
(Parent's Signature)

Ola Young, Local Registrar  
(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.

384-811-535