

1965

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. * 116

Place of Birth GLOBE County GILA No. 328 DEVEREAUX St.

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

DATE OF BIRTH* MAY 5 1916
(Month) (Day) (Year)

FULL* NAME WALTER P. BLAND FATHER

FULL* MAIDEN NAME CLARA L. HARDESTY MOTHER

I HEREBY CERTIFY that the child described herein has been named

WARD EDWARD BLAND

(Give name in full) (Surname)

Clara N. Bland
(Parent's Signature)

(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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624-505-388

MARGIN RESERVED FOR BINDING
USE PERMANENT INK