586

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 397

Place of Birth Oatman (Registration District) County Mohave No. St.

SEX OF CHILD* Female | Twin Triplet or other? Twin | and | Number in order of birth 2nd

DATE OF BIRTH* July (Month) 27 (Day) 1917 (Year)

FULL NAME FATHER Edward Hale Dickie

FULL MAIDEN NAME MOTHER Clara Blanche Polk

I HEREBY CERTIFY that the child described herein has been named

Hazel Mean Dickie
(Give name in full) (Surname)

Clara B Dickie
(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.

10M -8-42—Bower Co.

SHS-725-369