

1036

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

Place of Birth Mesa County Maricopa No. St.

(Registration District)

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

DATE OF BIRTH* Sept 9 1917
(Month) (Day) (Year)

FULL NAME David Franklin Kleinman
FATHER

FULL MAIDEN NAME Eva almira Rappleye
MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Lloyd Eugene Kleinman
(Give name in full) (Surname)

David Franklin Kleinman
(Parent's Signature)

B. B. Moore
(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.

325-909-595