

**ARIZONA STATE BOARD OF HEALTH Vol. 15 184**  
**BUREAU OF VITAL STATISTICS**

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

**SUPPLEMENTARY REPORT OF BIRTH**

County Register No.\*

**MARGIN RESERVED FOR BINDING**  
 This supplemental report is to be pasted beneath the original.

Place of Birth <u>Thatcher</u> <small>(Registration District)</small>			
SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>March 12 1920</u> <sup>91.</sup> <small>(Month) (Day) (Year)</small>			
FULL* NAME	FATHER <u>Seth L. Dodge</u>		
FULL* MAIDEN NAME	MOTHER <u>Nettie Bingham</u>		

No. \_\_\_\_\_

I HEREBY CERTIFY that the child described here has been named

Rex Ruben Dodge  
(Give name in full) (Surname)

[Signature] Seth L. Dodge

Dr. R. G. Bryden  
(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.  
 Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.