[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121

Co. Registrar's No. 457

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami
or
City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Donald Hodson

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	~~Twin~~, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Male			2	yes	Sept. 20 - 1921

FATHER	MOTHER
Full Name: Clyde Brue Hodson	Full Maiden Name: May Mc Ginnis
Residence: Miami Arizona	Residence: Miami Arizona

SEPARATE RETURN must be made for each, and
nificate must be filed by the attending Physician
r birth.

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 121

Place of Birth Miami County Gila No. Sullivan St.
(Registration District)

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

DATE OF BIRTH* Sept 20 - 1921 (Month) (Day) (Year)

FULL NAME* FATHER Clyde Brue Hodson

FULL MAIDEN NAME* MOTHER Mary Francis McGinnis

I HEREBY CERTIFY that the child described herein has been named Donald Hodson (Give name in full) (Surname)

Clyde B. & Mary F. Hodson (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.

7/11/40

485-920-442