

1654

NUMBER ON BIRTH

RECEIVED
MAY 19 1942

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(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 Gila County No. Corner 6th and Maple St.
(Registration District)

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* May 6 1922
(Month) (Day) (Year)

Kenneth Morrel Duncan
(Give name in full) (Surname)

FULL NAME FATHER
Douglas Kenneth Duncan

Ms. D. K. Duncan
(Parent's Signature)

FULL MAIDEN NAME MOTHER
Mayme Snow

Dr. Kennedy (deceased)
(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.
5M 5/20/41

245-506-426