USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This ret[illegible]ould preferably be made by the p[illegible] who made the original)

County Registrar's No.*.....

Place [illegible]rth Young County Gila No. ..... St.
(Registration District)

SEX OF C[illegible]*	Twin, Triplet or other?	/ and	Number in order of birth
Fem[illegible]e			

DATE O[illegible]RTH* Feb 27 1923
(Month) (Day) (Year)

FULL NAME FATHER Robert Lee Penrod

FULL* [illegible] MAIDE[illegible] NAME MOTHER Clara Sonora Resner

I HEREBY CERTIFY that the child described herein has been named

Lilly May Penrod
(Give name in full) (Surname)

Clara Sonora Clark
(Parent's Signature)

Mary Ellen Resner
(Signature of Physician or Midwife)

*The[illegible]ems to be entered by the local registrar before giving out this form.

Bla[illegible]upplemental reports of birth may be obtained from the local registrar.

10M 11-[illegible]P.

374-227-379