

2007

ARIZONA STATE BOARD OF HEALTH Vol. 8 #275
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. *

Place of Birth Scottsdale County Maricopa No. _____ St. _____
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other?	} and {	Number* in order of birth
DATE OF BIRTH* August 8th 1923	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
Hyrum Dana			
FULL* MAIDEN NAME	MOTHER		
Mabel Gibbons			

I HEREBY CERTIFY that the child described herein has been named

Eduard George Dana
(Give name in full) (Surname)

Mabel Gibbons Dana
(Parent's signature)

R. J. Stroud
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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day following month.

3-10-24