

1063

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 10 #203

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Safford, County Graham No. _____ St. _____
(Registration District)

| | | | |
|--|------------------------------|---------|---------------------------------|
| SEX OF CHILD* Male | Twin Triplet or other? | } and } | Number* in order of birth |
| DATE OF BIRTH* <u>October 6th</u> 19 <u>23</u> | | | |
| (Month) (Day) (Year) | | | |
| FULL* FATHER | | | |
| NAME <u>William D. Birdno</u> | | | |
| FULL* MOTHER | | | |
| NAME <u>Therese Allred</u> | | | |

I HEREBY CERTIFY that the child described herein has been named

David Roy Birdno
(Give name in full) (Surname)

Mrs William D. Birdno
(Parent's signature)

J. N. Hlatton
(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 of following month.

4-4-24