

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
SUPPLEMENTARY REPORT OF BIRTH

STATE OF ARIZONA

State File No. 123.

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 123

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin Triplet or other?	Number in order of birth
Male	single <sup>d</sup>	2

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH: June 18th, 1926 1926  
(Month) (Day) (Year)

George Warren Cluff  
(Give name in full) (Surname)

FATHER  
FULL NAME Fenton Lafayette Cluff

Fenton Lafayette Cluff  
(Parent's Signature)

MOTHER  
FULL MAIDEN NAME Fern Coombs

(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

736-618-632

MARGIN RESERVED  
USE PERMANENT

George Warren Cluff

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