...te File No.....
...istered No.....

.....Ward
...nstead of street and number)
...ild is not yet named, make
...emental report, as directed.

Day Year

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

WRITE PLAINLY WITH UNF...
...f more than one child at a birth, a S...

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 7

Place of Birth Eagar County Apache No. ..... St.
(Registration District)

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

DATE OF BIRTH* Aug 10 - 26
(Month) (Day) (Year)

FULL NAME FATHER Henry Goldsbrough Udall

FULL* MAIDEN NAME MOTHER Dorinda Jane Love

I HEREBY CERTIFY that the child described herein has been named

Emma Loraine Udall
(Give name in full) (Surname)

Mrs Dorinda Udall
(Parent's Signature)

.....
(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.

10M 10-1-43—S.P.Co.

Registrar