

ARIZONA STATE BOARD OF HEALTH Vol. 10-26 # 146
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..... Hayden County..... Gila No. St. Gila
(Registration District)

SEX OF CHILD* Twin Triplet } and } Number*
Male | | | | | in order
or other? } of birth

DATE OF BIRTH* October 7th 1926 .
(Month) (Day) (Year)

FULL* FATHER
NAME Omer Cluff

FULL* MOTHER
NAME Lora Johnson

I HEREBY CERTIFY that the child described herein has been named

Kenneth Omer Cluff .
(Give name in full) (Surname)

Omer Cluff
(Parent's Signature) In ink

Charles Hueston
(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.

Return supplementary report immediately.

5-9-27 236/007-315

RECEIVED
FEB 19 1926
VITAL STATISTICS
ARIZONA STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS
Supplementary Report of Birth
Name of Child: Kenneth Omer Cluff
Sex: Male
Date of Birth: October 7th 1926
Place of Birth: Hayden Gila
County: Gila
State: Gila
Father's Name: Omer Cluff
Mother's Name: Lora Johnson
Signature of Registrar: [Signature]
Signature of Physician: [Signature]