MARGIN RESERVED FOR BINDING
USE PERMANENT INK

97

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Hayden (Registration District) County Gila No..... St.

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

DATE OF BIRTH* Feb. (Month) 25 (Day) 1928 (Year)

FULL NAME FATHER Glen Theron Cluff

FULL MAIDEN NAME MOTHER Marguerite Arnilda Graham

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Glen Lavar Cluff
(Give name in full) (Surname)

Mrs. H. J. Kiger
(Parent's Signature)

.....
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M—8-42—Bower Co.

736-225-474