

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.* 156

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

SEX OF CHILD*	Twin } Triplet } or other? }	and	{ Number in order of birth
Male			
DATE OF BIRTH*	Nov. 17, 1929		
	(Month)	(Day)	(Year)
FULL* NAME	FATHER Arthur Jasper Bodine		
FULL* MAIDEN NAME	MOTHER Edda Loraine Carter		

I HEREBY CERTIFY that the child described herein has been named

Billy Glenn Bodine

(Give name in full)

(Surname)

Lorraine Bodine
(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.

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