

ARIZONA STATE BOARD OF HEALTH

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. * *486*Place of Birth Yuma

(Registration District)

County

No.

St.

SEX OF CHILD*

femaleTwin
Triplet
or other?

}

and

Number
in order
of birth**4th**I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH*

December 13, 1917

(Month)

(Day)

(Year)

Mary Thelma

(Give name in full)

Cloud

(Surname)

FULL
NAME

FATHER

Madison Everett CloudFULL*
MAIDEN
NAME

MOTHER

Ona Williams**Ona Williams Cloud**

(Parent's Signature)

Mary E. Williams

(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

suppl. filed 12-18-73 am