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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

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

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

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

DATE OF BIRTH* Dec. 25 1927
(Month) (Day) (Year)

FULL NAME FATHER Paul Elbert Watson

FULL* MAIDEN NAME MOTHER Ruby Morrison

*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

Alma Josephine Watson
(Give name in full) (Surname)

.....
(Parent's Signature)

Mrs Ruby Lenora Watson
(Signature of Physician or Midwife)

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

10N—8-42—Bower Co.

165-1225-945

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Ans. File