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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

rn should preferably be made
son who made the original)

SUPPLEMENTARY REPORT OF BIRTH

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

, Birth Hayden County Gila No. ..... St.
(Registration District)

ILD*	Twin Triplet or other?	and	Number in order of birth

IRTH* May 12 1930
(Month) (Day) (Year)

FATHER
w Theran Cluff

MOTHER
Marguerite Arvilla Graham

I HEREBY CERTIFY that the child described herein has been named

Beverly Arlene Cluff
(Give name in full) (Surname)

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

(Signature of Physician or Midwife)

ms to be entered by the local registrar before giving out this form.

plemental reports of birth may be obtained from the local registrar.
wer Co.

236-512-474