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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.* 166

Place of Birth Safford (Registration District) County Graham No. St.

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

DATE OF BIRTH* March (Month) 6 (Day) 1931 (Year)

FULL NAME FATHER Delia Rapier

FULL MAIDEN NAME MOTHER Carrie Sanders

I HEREBY CERTIFY that the child described herein has been named

Luella (Give name in full) Rapier (Surname)

Carrie Rapier (Parent's Signature)

F. W. Buttery M.D. (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.

10M 11-41 A.P.

399-306-322

Received 10 1962

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