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RIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

(This return should pr... e made by the person who m... igned)

Place of Birth Wickenburg (Registration District) County Maricopa No. ..... St.

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

DATE OF BIRTH* Sept. 5, 1931 (Month) (Day) (Year)

FULL NAME FATHER J. Kearney Moore

FULL MAIDEN NAME MOTHER Nellie Rush

I HEREBY CERTIFY that the child described herein has been named

ROY ALAN MOORE
(Give name in full) (Surname)

Meda Stokes
(Informant'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.

10M 11-41 A.1

945-905-598