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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.*.....

Place of Birth Globe, Arizona County Gila No. County Hospital St.
(Registration District)

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

DATE OF BIRTH* September 4 1932
(Month) (Day) (Year)

FULL* NAME FATHER: Russell Buck Sinclair

FULL* MAIDEN NAME MOTHER: Dorothy Allen Smith

I HEREBY CERTIFY that the child described herein has been named

Richard Allen Sinclair
(Give name in full) (Surname)

Russell B. Sinclair
(Parent'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.

Form X

929-904-428

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.