CATE O. BIRTH

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"store," "factory," "mill," etc. State the
mill, etc.

escriptive titles, as *civil engineer, mechanical*
when a more precise statement of occupation
pation, as *carpenter, painter, machinist, etc.*
person who sells goods should be called a

c11—7117

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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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 Miami County Gila No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other	and	Number* in order of birth
Male			1

DATE OF BIRTH* Sept (Month) 7 (Day) 1932 (Year)

FULL* NAME George E Land FATHER

FULL* MAIDEN NAME Genevieve Genevieve Land MOTHER Ruggle

*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

I HEREBY CERTIFY that the child described herein has been named

Nolan Wesley Land
(Give name in full) (Surname)

George E Land
Genevieve E Land
(Parent's Signature)

Cyril M. Cron M.D.
(Signature of Physician or Midwife)

Ruggle
534-907-798