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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the ariginal)

County Registrar's No.*

Place of Birth (Registration District) Payson County Gila No. St.

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

DATE OF BIRTH* Nov. (Month) 28 (Day) 193 (Year)

FULL NAME FATHER Wm. Penn Williams

FULL* MAIDEN NAME MOTHER Louise Viola Hyderman

I HEREBY CERTIFY that the child described herein has been named

Clara Mae Williams (Give name in full) (Surname)

Mrs. Penn Williams (Parent's Signature)

Dr. LaPerge is dead (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.

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Arizona State Board of Health DEC 4 1933