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MARGIN RESERVED FOR BINDING

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 Bisbee County No. St.

SEX OF CHILD* Male Twin Triplet or other? } and } Number in order of birth 7

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Jan 24 1898
(Month) (Day) (Year)

William McKinley Weirs
(Give name in full) (Surname)

FULL NAME FATHER James Frederick Weirs

Deceased
(Parent's Signature)

FULL MAIDEN NAME MOTHER Mary Elizabeth Walker

Not Known
(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.

5M 7/11/40

662-124-469