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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 (Registration District) County GILA No..... St.

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

DATE OF BIRTH* JULY (Month) 4 (Day) 1909 (Year)

FULL* NAME FATHER LYMAN C. WOODS

FULL* MAIDEN NAME MOTHER ARCADIA J. McLAUGHLIN

I HEREBY CERTIFY that the child described herein has been named

TAYLOR DELMAS WOODS
(Give name in full) (Surname)

Lyman Calvin Woods x
(Parent's Signature)

Mrs. SHAW (deceased)
(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

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