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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Ariz County..... No..... St.
(Registration District)

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

DATE OF BIRTH* July (Month) 19 (Day) 1909 (Year)

FULL NAME FATHER	James Perry Glass
FULL* MAIDEN NAME MOTHER	Mary Roberts

I HEREBY CERTIFY that the child described herein has been named

Harold Perry Glass
(Give name in full) (Surname)

Mary Glass (Phillips)
(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.
10M 11-41 A.P.

872-719-492