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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.* 83

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

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

DATE OF BIRTH* Aug 8 1909
(Month) (Day) (Year)

FULL NAME — FATHER John Lane Leavitt

FULL* MAIDEN NAME — MOTHER Lucy Emily Hough

I HEREBY CERTIFY that the child described herein has been named

Edgar C. Leavitt
(Give name in full) (Surname)

Lem Williams x
(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.

533-808-388