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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*.....

Place of Birth Globe, Ariz. County Gila No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			2

DATE OF BIRTH* August 22 1909
(Month) (Day) (Year)

FULL NAME FATHER Aylee Strange Clark

FULL* MAIDEN NAME MOTHER Carrie Ellen Finnigan

I HEREBY CERTIFY that the child described herein has been named

Janice Ellen Clark
(Give name in full) (Surname)

x Aylee Strange Clark
(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.

132-822-365