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

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

DATE OF BIRTH* September 12, 1909
(Month) (Day) (Year)

FULL* NAME FATHER Samuel Thomas Summerfield

FULL* MAIDEN NAME MOTHER Esther Isabel Medlin

I HEREBY CERTIFY that the child described herein has been named

Frederick Thomas Summerfield
(Give name in full) (Surname)

X Esther Isabel Cook
(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.

5M 6-1-38

627 — 917 — 3412