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State File No. 103, Gila Co.

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 County Gila No. 204 2nd Street St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	no	and	Number in order of birth
female				
DATE OF BIRTH* <u>Oct. 16, 1909</u>				
(Month) (Day) (Year)				
FULL* FATHER				
NAME <u>Wm. H. Hughes</u>				
FULL* MOTHER				
MAIDEN NAME <u>Willie Mildred Hayes</u>				

I HEREBY CERTIFY that the child described herein has been named

Arlesa Dale Hughes
(Give name in full) (Surname)

Willie Mildred Hayes Hughes Galway
(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.

FORM 7/11/40

100-1017-680