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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.* 87

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

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

DATE OF BIRTH* December 16 1901 (Month) (Day) (Year)

FULL NAME — FATHER: Lawrence Morell Grunwald

FULL* MAIDEN NAME — MOTHER: Sally Newton

I HEREBY CERTIFY that the child described herein has been named

Reginald Morell Grunwald (Give name in full) (Surname)

Sally Grunwald (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.

M 10 11-41 A.P.

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