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MARGIN RESERVED FOR BINDING.

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 93

Place of Birth Globe (Registration District) County Gila No. 670 N. High St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female	Single		4

DATE OF BIRTH* December 21 (Month) (Day) 1909 (Year)

FATHER

FULL* NAME James Bennett Richards

MOTHER

FULL* MAIDEN NAME Beatrice Frances Stoneman

I HEREBY CERTIFY that the child described herein has been named

Sarah Alberta Richards
(Give name in full) (Surname)

Beatrice Frances Richards
(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 X

292-1221-2.05