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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth 1909

DATE OF BIRTH* December (Month) 25th (Day) ~~1910~~ (Year)

FULL NAME FATHER Mike Kalil

FULL* MAIDEN NAME MOTHER Frieda Bestany

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Margaret (Give name in full) Kalil (Surname)

Frieda Kalil (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

423-1225-628