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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.*.....

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

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

DATE OF BIRTH* Feb. 12 - 1910
(Month) (Day) (Year)

FULL NAME FATHER Christos Aristoteles Spaliakos

FULL* MAIDEN NAME MOTHER Lottie Shede

I HEREBY CERTIFY that the child described herein has been named

Mary Harnell Spaliakos
(Give name in full) (Surname)

Lottie Petersen
(Parent's Signature) Mother

Deceased in Globe
(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.
10M 11-41 A.P.

422-212-335