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MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*.....

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

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Girl			1

DATE OF BIRTH* February (Month) 22 (Day) 1910 (Year)

FULL* NAME FATHER John Sikes

FULL* MAIDEN NAME MOTHER Norah Davis

I HEREBY CERTIFY that the child described herein has been named

Roline Mary Sikes
(Give name in full) (Surname)

John H Davis
(Grandfather'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.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on 10th day of following month.

922-227-542