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MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU 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 Ariz. County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Fem. Twin Triplet or other? _____ and _____ Number* in order of birth _____

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* March 20, 19 10
(Month) (Day) (Year)

Melba Edna Hildreth

(Give name in full)

(Surname)

FULL NAME Burl Allison Hildreth
FATHER

Burl A. Hildreth
(Parent's Signature)

FULL MAIDEN NAME Margaret Edna Uptain
MOTHER

(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.

SM 6-1-38

488-320-445