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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 74

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

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

DATE OF BIRTH* April (Month) 8th (Day) 1910 (Year)

FULL NAME FATHER Robert Bernhard Hegardt.

FULL* MAIDEN NAME MOTHER Anna Elizabeth Edwall

I HEREBY CERTIFY that the child described herein has been named

Karl Edward (Give name in full) Hegardt (Surname)

Robert Bernhard Hegardt. (Parent's Signature) (Father)

(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—8-42—Bower Co.

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