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ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 95

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

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

DATE OF BIRTH* June (Month) 12 (Day) 1910 (Year)

FULL NAME FATHER Felix Clingman Phillips

FULL* MAIDEN NAME MOTHER Carmen Clydie Woods

*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

Kenneth Herman Phillips
(Give name in full) (Surname)

Carmen Clydie Phillips
(Parent's Signature)

(Signature of Physician or Midwife)

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

SM 5/20/41

272-612-362