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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. # 94

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

SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>June 13, 1910</u> (Month) (Day) (Year)			
FULL NAME <u>Lewis Owen Bailey</u>		FATHER	
FULL MAIDEN NAME <u>Cora Nemitz</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Douglas Eugene Bailey
(Give name in full) (Surname)

Information taken from letter
(Parent'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.
10M 11-41 A.P.

✓ 428-613-359