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# 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 Arizona County Gila Co. No. Iron Broad St. St.
(Registration District)

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

DATE OF BIRTH* June - 10, 1910
(Month) (Day) (Year)

FULL* NAME FATHER Addison Eric Skelly

FULL* MAIDEN NAME MOTHER Nancy Jane Morgan

*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.

5M 6-1-38

I HEREBY CERTIFY that the child described herein has been named

Earl Andrew Skelly
(Give name in full) (Surname)

Addison E Skelly
(Parent's Signature)

(Signature of Physician or Midwife)

528-610-545