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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)

County Registrar's No.*.....

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Inspiration Copper Camp No.....St.
(Registration District) Miami, Ariz. County

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

DATE OF BIRTH* August (Month) 6th (Day) 1910 (Year)

FULL* NAME FATHER George Dennet Rider

FULL* MAIDEN NAME MOTHER Alice Phyllis Beal

I HEREBY CERTIFY that the child described herein has been named

Mabel Phyllis Rider
(Give name in full) (Surname)

Alice Rider. Mother
(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.

5M 7/11/40

499-806-123