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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 No. Bone St.
(Registration District)

SEX OF CHILD* Male	Twin Triplet or other? —	and	Number in order of birth 2nd

DATE OF BIRTH* September 17 1910
(Month) (Day) (Year)

FULL NAME FATHER Louis Edwin Baird

FULL MAIDEN NAME* MOTHER Emma Augusta Bertha Renner

*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

Edwin Gus Baird
(Give name in full) (Surname)

Mrs Emma Baird Watkins
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

524-917-599