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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.*.....

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

SEX OF CHILD* male | Twin Triplet or other? | and | Number in order of birth 2

DATE OF BIRTH* Oct (Month) 8 (Day) 1910 (Year)

FULL NAME FATHER Eugene Hays Moore

FULL* MAIDEN NAME MOTHER Dora Azzalee Yarbough

*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 Arthur Hays Moore (Give name in full) (Surname)

Mrs. Azzalee Moore (Parent's Signature)

(Signature of Physician or Midwife)

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

5M 5/20/41

145-1008-288

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

Ophthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.

Keep the discharge of the mother out of the baby's eyes.

Wipe the baby's eyes with absorbent cotton moistened in warm boiled water as soon as the head is born.