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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 Inspiration County Gila No. St.
(Registration District)

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

DATE OF BIRTH* November 24, 1910
(Month) (Day) (Year)

FULL* NAME FATHER Edward George Dunton

FULL* MAIDEN NAME MOTHER Myrtle Alma Wrigley

*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

I HEREBY CERTIFY that the child described herein has been named

Alma Dunton
(Give name in full) (Surname)

E. G. Dunton
(Parent's Signature)

(Signature of Physician or Midwife)

Form X

149-1124-428

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

Ophthalmia neonatorum or babies' sore eyes may cause the blindness of