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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 (Registration District) Globe County Gila No..... St.

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

DATE OF BIRTH* Nov 26 1910 (Month) (Day) (Year)

FULL NAME FATHER Frank Zlatnike

MAIDEN NAME MOTHER Alma Hudson

I HEREBY CERTIFY that the child described herein has been named Adelbert Frank Zlatnike (Give name in full) (Surname)

Alma Zlatnike (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.

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192-1126-185