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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 County Gila No. — St.
(Registration District)

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

DATE OF BIRTH* Dec. 27, 1910.
(Month) (Day) (Year)

FULL* NAME FATHER John Philip McNeil

FULL* MAIDEN NAME MOTHER Florenia Rozila Whitmer

I HEREBY CERTIFY that the child described herein has been named

Catherine Florenia McNeil
(Give name in full) (Surname)

John Philip McNeil Sr
(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.

10M 1-45

343-1227-669

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Keep the [illegible]
Wipe the baby's [illegible] with [illegible] cotton moistened in warm boiled water as soon as the head is born.