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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the ariginal)

County Registrar's No.*.....

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

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

DATE OF BIRTH* July (Month) 1 (Day) 1911 (Year)

FULL NAME FATHER Marshall Jarvis Palmatier

FULL* MAIDEN NAME MOTHER Annie or Anna ~~Pa~~ Stevens

I HEREBY CERTIFY that the child described herein has been named Leo Charles Palmatier (Give name in full) (Surname)

Annie Stevens Palmatier mother (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.

5M 5/20/41

379-701

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