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ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 79

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

SEX OF CHILD*	Twin / Triplet / or other?	and	Number in order of birth
M.			

DATE OF BIRTH* November 22, 1911 (Month) (Day) (Year)

FULL NAME FATHER Edward Charles Voss

FULL* MAIDEN NAME MOTHER Matilda Spring

I HEREBY CERTIFY that the child described herein has been named

Henry Logan Voss
(Given name in full) (Surname)

E C Voss
(Parent's Signature)

Dr R. D. Kennedy (Deceased)
(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—8-42—Bower Co.

852-1122-427