16

HEALTH
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Register No. 80
Registrar's No.
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Alive } ~~NO~~
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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*

Place of Birth St. Johns (Registration District) County Apache No. St.

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

DATE OF BIRTH* July (Month) 23 (Day) - 13 (Year)

FULL NAME FATHER John H. Udall

FULL MAIDEN NAME MOTHER Ruth Kimball

I HEREBY CERTIFY that the child described herein has been named

John Nicholas Udall
(Give name in full) (Surname)

John H Udall
(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—8-42—Bower Co.

143-723-923