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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 (Registration District) County Gila No. St.

EX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
ale			

DATE OF BIRTH* August 7 1913 (Month) (Day) (Year)

FULL* NAME FATHER Harry E. Scott

FULL* MAIDEN NAME MOTHER Mabel A. Schnarr

I HEREBY CERTIFY that the child described herein has been named

KENNETH HARPER SCOTT

(Give name in full) (Surname)

x Kenneth Mabel O'Bry

(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 10-1-43—S.P.Co.

223-807-429