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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 102

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

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* Jan 2, 1914 (Month) (Day) (Year)			
FULL NAME FATHER Perry T. Sanders			
FULL* MAIDEN NAME MOTHER Etta M Wills			

I HEREBY CERTIFY that the child described herein has been named

Velma Ola Sanders
(Give name in full) (Surname)

Velma Sanders
(Parent's Signature)

Grand Mother
(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 11-41 A.P.

572-102-562