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108

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH

BUREAU 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 (Registration District) Globe County Gila No. Ryan House St.

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

DATE OF BIRTH* Feb (Month) 26 (Day) 1914 (Year)

FULL* NAME FATHER: Barrey G. Stewart

FULL* MAIDEN NAME MOTHER: Elizabeth Elmira Meder

*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

Form X

I HEREBY CERTIFY that the child described herein has been named Opal Evelyn Stewart

(Give name in full) Barney G. (Surname) Stewart

(Parent's Signature)

(Signature of Physician or Midwife)

623-226-549