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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 Globe (Registration District) County Arizona No. _____ St.

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

DATE OF BIRTH* March 7 (Month) (Day), 1914 (Year)

FATHER — FULL* NAME John Rodger McDonough

MOTHER — FULL* MAIDEN NAME Mary Ann Knoff

I HEREBY CERTIFY that the child described herein has been named

Mary Hester McDonough (Give name in full) (Surname)

M. A. McDonough (Parent's Signature)

Dr Sturgeon (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.

5M 6-1-38

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