1913

89

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

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 Miami (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* April (Month) 3 (Day) 1914 (Year)

FULL* NAME FATHER Clifford Clinton Faires

FULL* MAIDEN NAME MOTHER Marguerite Flora ~~Faires~~ SKELLY

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Marguerite Eleanor Faires
(Give name in full) (Surname)

C. R. Faires
(Parent's Signature)

.....
(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

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462-403-428