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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 Copper Hill (Registration District) County Gila No. St.

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

DATE OF BIRTH* June (Month) 17 (Day), 19 14 (Year)

FULL* NAME FATHER William Leroy Tucker

FULL* MAIDEN NAME MOTHER Eula Irene Cowly

I HEREBY CERTIFY that the child described herein has been named

Ellison Leroy Tucker
(Give name in full) (Surname)

William Leroy Tucker
(Parent's Signature)

Dr. J. L Wales
(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.

SM 6-1-38

539-617.538