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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 Register No.* 377

Place of Birth Miami, Gila Co. Arizona No. 377 St.
(Registration district)

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

DATE OF BIRTH* December 3rd 1914
[Month] [Day] [Year]

FULL* NAME FATHER Hugh M Foster

FULL* MAIDEN NAME MOTHER Zoella Terrigs Foster

I HEREBY CERTIFY that the child described herein has been named

Hugh Montgomery Foster
[Give name in full] [Surname]

[Signature] T.H. Slaughter

Physician
(Physician or Midwife)

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

Blank supplemental reports of births may be obtained from the local registrar. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Entered July 7. 1920 B.G. Fox Co Recs 869-1203-9761