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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

(This return should preferably be made by the person who made the original)

Place of Birth Miami County Gila No. ..... St.
(Registration District)

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

DATE OF BIRTH* July 4 (Month) (Day) 1915 (Year)

FULL* NAME FATHER: Eugene Leo Hart

FULL* MAIDEN NAME MOTHER: Pearl Mary Carnes

I HEREBY CERTIFY that the child described herein has been named

Gertrude A. Hart
(Give name in full) (Surname)

Mrs Pearl M Hart
(Parent's Signature)

.....
(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.

Form X

Registered as Jeanette Irene.

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.