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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 282

return should preferably be made
person who made the original.)

e of Birth Globe, Arizona No. St.
(Registration district)

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

BIRTH* Oct 17 1915
[Month] [Day] [Year]

FATHER
Arthur Seymour Gifford

MOTHER
Gilpah Carr

I HEREBY CERTIFY that the child described herein has been named

Alvin Kimmer Gifford
[Give name in full] [Surname]

[Signature] Arthur S. Gifford

(Physician or Midwife)

es items to be entered by the local registrar before giving out this form.
* supplemental reports of births may be obtained from the local registrar.
registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate, on following month.

174-1017-935