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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.* 147

Place of Birth Globe (Registration district), No. ..... St.

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

DATE OF BIRTH* May 23, 1916 [Month] [Day] [Year]

FULL NAME EATHER: C. M. Winters

FULL* MAIDEN NAME MOTHER R. Wood

I HEREBY CERTIFY that the child described herein has been named

Stella Grill Winters [Give name in full] [Surname]

[Signature] Ruby Winters

Dr. Walsh (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 of tenth day of following month.

262-523-964