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Form No. 7 2m 7-15-09

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Register No.* 22

Place of birth Eagar (Registration district) No. St.

SEX OF CHILD * Female | Twin * Triplet, or other? X | and | Number * in order of birth 4

DATE OF BIRTH * Oct (Month) 4 (Day) 1919 (Year)

FULL * NAME FATHER Henry G. Indall

FULL * MAIDEN NAME MOTHER Lorinda J. Love

I HEREBY CERETIFY that the child described herein has been named Marian (Given name in full) Indall (Surname)

(Signaiure) H. G. Indall

Householder (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 orginal certificate on tenth day of following month.

443-1004-435