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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 193

Place of Birth Ashurst (Registration District) County Graham, Ariz No. ..... St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			7

DATE OF BIRTH* OCTOBER 7, 1919 (Month) (Day) (Year)

FULL NAME FATHER Franklin Hollis Holladay

FULL* MAIDEN NAME MOTHER Ina Curtis

I HEREBY CERTIFY that the child described herein has been named

CHLOE HOLLADAY

(Give name in full) (Surname)

Franklin Hollis Holladay and Ina Curtis
(Parent's Signature)

Dr W. E. Platt (deceased)
(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. Signed this 12th Day of Sept. 1943. Leo Cluff Notar

10M—6-42—Bower Co.

3881007-932

My Commission Expires Oct. 10, 1943