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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 Registrar's No.*

Place of Birth Douglas Cochise County No. St.
(Registration District)

SEX OF CHILD* Male | Twin Triplet or other? | and | Number* in order of birth 1

DATE OF BIRTH* Nov 8, 1921
(Month) (Day) (Year)

FULL* NAME FATHER Alders Roswell Spikes

FULL* MAIDEN NAME MOTHER Nellie Hon Dickard

I HEREBY CERTIFY that the child described herein has been named George Alders Spikes
(Give name in full) (Surname)

Alders Roswell Spikes
(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.

SM 6-1-38

722-1108-544