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THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 12 # 127

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth (Registration District) Miami County Gila No. ..... St. .....

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

DATE OF BIRTH* December 26th 1921 (Month) (Day) (Year)

FULL* NAME — FATHER: Jesse Carlton Tennant

FULL* MAIDEN NAME — MOTHER: Viola Hendershott

I HEREBY CERTIFY that the child described herein has been named

Maxine Maude Tennant
(Give name in full) (Surname)

(Signature) Mrs. Ob. Tennant
Charles E. Finn M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

5-22-22 433-12-26-583