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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

Vol. 3 # 186

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Glenbar (Registration District) County Graham No. St.

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

DATE OF BIRTH* March 7th (Month) (Day) 192 2 (Year)

FULL* NAME FATHER Alof Carter

FULL* MAIDEN NAME MOTHER Ethel Batty

I HEREBY CERTIFY that the child described herein has been named Alof Lynn. (Give name in full) Carter (Surname)

(Signature) J. H. Morris (Physician or Midwife)

*These items to be enter[illegible] registrar before giving out this form.

Blank supplemental rep[illegible] may be obtained from the local registrar. Local registrars must m[illegible]nental reports immediately to county registrar. County registrars must mail with original certificate [illegible]nth day of following month.

139-307-528 4-1-23