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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 12 # 158

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

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

DATE OF BIRTH* December 24th 1923
(Month) (Day) (Year)

FULL* NAME — FATHER: Oakley Calvin Allen

FULL* MAIDEN NAME — MOTHER: Gladys Sophia Larkin

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Oakley Henry Allen
(Give name in full) (Surname)

Oakley Calvin Allen
(Parent's signature)

H. H. Horst M.
SIGNATURE OF (Physician or Midwife)

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.

Changing child's name. 4-7-24

615-1224-735

RECEIVED
JAN 14 1923

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