1223

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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 (Registration District) Miami County Gila No. 905 Live Oak St. St.

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

DATE OF BIRTH* Feb. (Month) 23 (Day) 1924 (Year)

FULL* NAME FATHER Barring Flowers

FULL* MAIDEN NAME MOTHER Floy June Watkins

I HEREBY CERTIFY that the child described herein has been named Carlton Foster Flowers (Give name in full) (Surname)

(Parent's Signature)

FLOY JUNE WATKINS. (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.

5M 7/11/40

362-223-662