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This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS Vol. 4 # 196

(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
Female			

DATE OF BIRTH* April 30th 1924 (Month) (Day) (Year)

FULL* NAME FATHER Samuel J. Cox

FULL* MAIDEN NAME MOTHER Bertha Drake

I HEREBY CERTIFY that the child described herein has been named

Evelyn Mary Cox (Give name in full) (Surname)

Mrs S J. Cox (Parent's signature)

[illegible] 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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Correcting child's name

8-30-24 537-430-245