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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 5 # 140

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* May 15th (Month) (Day) 1924 (Year)

FULL* NAME FATHER Joseph Harris

FULL* MAIDEN NAME MOTHER Gertrude Ella Gleason

I HEREBY CERTIFY that the child described herein has been named

ELONA BETTY HARRIS
(Give name in full) (Surname)

Mrs Gertrude Harris
Mr. Joseph Harris
(Parent's signature)

[illegible] Miller M.D.
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.

10-11-24