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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. St

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

DATE OF BIRTH* August 27, 192 4
(Month) (Day) (Year)

FULL* NAME FATHER Walter Graves Smith

FULL* MAIDEN NAME MOTHER Marie June Boone

I HEREBY CERTIFY that the child described herein has been named

Betty Ruth Smith
(Give name in full) (Surname)

Mrs W. G. Smith
(Parent's signature)

Cyril M. Crow 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.

Correction-Mother's name