1887

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Nutrioso County Apache No. St.
(Registrar District)

SEX OF CHILD: Female	Twin Triplet or other?	4th and child	Number in order of birth
DATE OF	Sept (Month)	20 (Day)	1924 (Year)
FULL* NAME	FATHER Brion Lee		
FULL* MAIDEN NAME	MOTHER Ella Maxwell		

I HEREBY CERTIFY that the child described herein has been named

Inez Laverne Lee
(Give name in full) (Surname)

x Ella M. Lee
(Parent's Signature)

(Signature of Physician or Midwife)

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

Blank mental reports of birth may be obtained from the local registrar.

1-45

935-920-943