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MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Co. Reg. no. 899

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*.....

Place of Birth (Registration District) Globe, Arizona County Gila No. ..... St.

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

DATE OF BIRTH* Nov. 17 (Month) (Day) 1924 (Year)

FULL* NAME — FATHER: Elmo North

FULL* MAIDEN NAME — MOTHER: Mary Etta Menta

I HEREBY CERTIFY that the child described herein has been named

Clyde Mills North
(Given name in full) (Surname)

Mrs Elmo North
(Father's or Mother's Signature)

Deceased
(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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

358 - 1117 - 441