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File
Ans.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* _____

eturn should preferably be made
person who made the original)

ce of Birth Globe Ariz County Gila No. _____ St.
gistration District)

F CHILD* male | Twin Triplet X or other? | and | Number* in order of birth 1

OF BIRTH* Dec. (Month) 3 (Day), 1924 (Year)

: FATHER Victor Oliver

EN : MOTHER Lennie Oliver

I HEREBY CERTIFY that the child described herein has been named

Armand Henry Oliver
(Give name in full) (Surname)

Mr & Mrs Victor Oliver
(Parent's Signature)

Dr. Gunter
(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.

3-1-38

169-1203-352