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

ARIZONA STATE BOARD OF HEALTH Vol. 12 # 169
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) Globe County Gila No. _____ St

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

DATE OF BIRTH* december (Month) 14th (Day) 1924 (Year)

FULL* NAME FATHER: R. J. Whalley

FULL* MAIDEN NAME MOTHER: Marie Lee

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

I HEREBY CERTIFY that the child described herein has been named

Harold Leigh Whalley
(Give name in full) (Surname)

Mrs R. J. Whalley
(Parent's signature)

R D Kennedy
(Signature of Physician or Midwife)

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.

4-24-25