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ARIZONA STATE BOARD OF HEALTH Vol. 12 # 195
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
Female			

DATE OF BIRTH* December 21st 1924
(Month) (Day) (Year)

FULL* NAME FATHER Joseph Langhorn Johnson

FULL* MAIDEN NAME MOTHER Francis Calkins

*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

Martha Elizabeth Johnson
(Give name in full) (Surname)

Mrs. Joseph L. Johnson
(Parent's signature)

Charles E. Irvin M.D.
(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.

Corrections 45-1221-632 8-4-25

This supplemental report is to be pasted beneath the original.