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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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) SAFford County Graham No. ..... St.

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

DATE OF BIRTH* Dec (Month) 17 (Day) 1924 (Year)

FULL* NAME — FATHER: Alfred Andrew Sowell

FULL* MAIDEN NAME — MOTHER: Eva Dorothy Hefner

I HEREBY CERTIFY that the child described herein has been named

Larry Donald Sowell
(Give name in full) (Surname)

Eva Dorothy Sowell
(Parent's Signature)

(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.

® 10M 1-45

323-1217-589