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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.*.....

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

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

DATE OF BIRTH* March (Month) 23 (Day) 1928 (Year)

FULL NAME	FATHER Allen J. Taylor
FULL* MAIDEN NAME	MOTHER Agnes Ann Brown

I HEREBY CERTIFY that the child described herein has been named

Phyllis Gleen Taylor
(Give name in full) (Surname)

Agnes Taylor
(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.

5M 5/20/41

739-323-125