ARIZONA STATE BOARD OF HEALTH Vol. 4-28 #140

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH Local 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* April 16 1928 (Month) (Day) (Year)

FULL* NAME FATHER William Quarles

FULL* MAIDEN NAME MOTHER Nellie C. Rice

I HEREBY CERTIFY that the child described herein has been named

Laura May, Quarle (Given name in full) (Surname)

William Quarles (Father's or Mother's Signature)

R D Kennedy, (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.
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

Supplementary report must be returned within 15 days

7-21-28

382-416-595

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MAY 11 1928
Ans. File