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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 (Registration District) Miami County Gila No. 904 B Smith St.

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

DATE OF BIRTH* June (Month) 14 (Day) 1928 (Year)

FULL NAME — FATHER: William M. Ryan

FULL* MAIDEN NAME — MOTHER: Frances Fangenroth

*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

William John (Give name in full) Ryan (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

695-614-668

JUL 11 1928

Ans. File