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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 Payson (Registration District) County Gila No. ..... St.

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

DATE OF BIRTH* July 16 1928 (Month) (Day) (Year)

FULL* NAME — FATHER: Wriley Powers

FULL* MAIDEN NAME — MOTHER: Lillie Brace

I HEREBY CERTIFY that the child described herein has been named

ELLA MAE POWERS

(Give name in full) (Surname)

Lillie E Powers (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 10-1-43—S.P.Co.

572-716-325

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

RECEIVED
AUG 11 1928
File
Ans