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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) Globe County Gila No. 150 St.

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

DATE OF BIRTH* July (Month) 17th (Day) 1928 (Year)

FULL* NAME FATHER Noah Daniel Hopkins.

FULL* MAIDEN NAME MOTHER Grace Liddell.

I HEREBY CERTIFY that the child described herein has been named

Virginia Lee Hopkins. (Give name in full) (Surname)

Mrs. Grace Hopkins. (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.

582-717-733

MARGIN RESERVED FOR BINDING

USE PERMANENT INK