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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 Jolobe (Registration District) County Gila No. 529 So. Hill St.

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

DATE OF BIRTH* Aug. (Month) 3 (Day) 28 (Year)

FULL* NAME FATHER William Tobares Walters

FULL* MAIDEN NAME MOTHER Viola Marie Hagger

I HEREBY CERTIFY that the child described herein has been named

Cynthia Viola Marie Walters
(Give name in full) (Surname)

Viola Walters Lundmark
(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 1-45

362-803-589

MARGIN RESERVED FOR BINDING

USE PERMANENT INK