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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 5

Place of Birth Pine Gila County ..... No. ..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			4

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

FULL* NAME FATHER Edwin W. Patterson

FULL* MAIDEN NAME MOTHER Ellen Ebert McClendon

I HEREBY CERTIFY that the child described herein has been named

Evelin Patterson
(Give name in full) (Surname)

Ed W Patterson
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

575-914-545

RECEIVED
NOV 13 1928
Ans. ____ File ____