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Ans.

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 162

should preferably be made
who made the original)

Birth Globe County Gila No. 605 E. Mesquite St.
ation District)

LD*	Twin Triplet or other?	and	Number in order of birth

IRTH* Nov. 12, 1928
(Month) (Day) (Year)

FATHER
armi A. Ross

MOTHER
ommie Lylath Terry

I HEREBY CERTIFY that the child described herein has been named

Elvin Milton Ross
(Give name in full) (Surname)

Tommie L. Ross.
(Parent's Signature)

(Signature of Physician or Midwife)

items to be entered by the local registrar before giving out this form.

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

10M 1-45

592-1112-336