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

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

DATE OF BIRTH* May 21 1929 (Month) (Day) (Year)

FULL NAME — FATHER: Melvin D. Lewis

FULL* MAIDEN NAME — MOTHER: Oleta Nadine Lewis

I HEREBY CERTIFY that the child described herein has been named

SUE CAROL LEWIS

(Give name in full) (Surname)

M D Lewis

(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.

232-521-653

MARGIN RESERVED FOR BINDING

USE PERMANENT INK