

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH Vol. 2-27 # 115  
BUREAU OF VITAL STATISTICS

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

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

Place of Birth Hayden County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			
DATE OF BIRTH*		1927	
<u>February 6th</u>		<u>7</u>	
(Month) (Day)		(Year)	
FULL* NAME FATHER			
<u>Floyd Bouse</u>			
FULL* MAIDEN NAME MOTHER			
<u>Mary Herring</u>			

I HEREBY CERTIFY that the child described herein has been named

Walter Herring Bouse  
(Give name in full) (Surname)

Mrs. Mary Bouse  
(Parent's signature) In ink  
Charles H. Huestis, M.D.  
(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.

Correcting child's name 6-16-27. 625-206-4467 Return supplementary report immediately.

RECEIVED  
JUN 11 1927  
FILE

THIS IS A COPY OF THE ORIGINAL REPORT OF BIRTH AND IS NOT VALID FOR ANY OTHER PURPOSES. IT IS THE PROPERTY OF THE BOARD OF HEALTH AND SHOULD BE KEPT IN A SAFE PLACE.