# 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.* 162

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

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

DATE OF BIRTH* July (Month) 11 (Day) 1927 (Year)

FULL NAME FATHER Waller W. Miller

FULL* MAIDEN NAME MOTHER Ivey G. Tattershall

I HEREBY CERTIFY that the child described herein has been named

Lowell William Miller (Give name in full) (Surname)

Ivey G. Miller (Parent's Signature)

(Signature of Physician or Midwife) Mallie Pyatt

*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.

5M 5/20/41

349-711-933

MARGIN RESERVED FO USE PERMANENT

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