2125

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-16-35

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.*.....

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

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

DATE OF BIRTH* August (Month) 20 (Day) 1910 (Year)

FULL* NAME FATHER Joseph Wyatt Stewart

FULL* MAIDEN NAME MOTHER Caddie Bosson ~~Stewart~~

I HEREBY CERTIFY that the child described herein has been named

Stewart, Franklin Bosson
(Give name in full) (Surname)

Joe W. Stewart
(Parent's Signature)

Charles R. Sturgeon 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.

Form X

11 4

623-820-325

Ophthalmic accentuation or babies' sore eyes may cause the blindness of the child unless prevented or cured.
Keep the discharge of the mother out of the baby's eyes.
Wipe the baby's eyes with absorbent cotton moistened in warm boiled