1821

# 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 Hayden (Registration District) County Arizona No. Hayden Hospital St.

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

DATE OF BIRTH* September (Month) 8 (Day) 1914 (Year)

FULL NAME FATHER Charles Howard Shew

FULL NAME MOTHER Elizabeth Caroline Rice

I HEREBY CERTIFY that the child described herein has been named Carl Howard Shew (Give name in full) (Surname)

Elizabeth C Lepkor (Parent's Signature)

Physician died in 1920 — (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.

7/11/40

336-908-595