2366

PLACE OF BIRTH

nty of Gila 1st name added by supplement

trict of Arizona Michelson & Hayden

wn of Haydru

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

130 State Index No. 692

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 388

Local Registrar's No.

Ward)

YES

~~NO~~

1915 (Yr.)

ears)

as.

MARGIN RESERVED FOR BINDING

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 ARIZ County ~~AR~~ GILA No. St.
(Registration District)

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

DATE OF BIRTH* AUG (Month) 14 (Day), 1915 (Year)

FULL* NAME FATHER JOHN LOUIS HARVEY

FULL* MAIDEN NAME MOTHER MAUD O'BRIEN

I HEREBY CERTIFY that the child described herein has been named

WILLIAM LOUIS HARVEY
(Give name in full) (Surname)

J L Harvey
(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.

SM 6-1-38

688-814-465

by certify that I attended the birth of above child; and that it occurred on Aug 14 1915, at 8 P.M.

'hen there is no attending physi- or midwife, then the householder ld make this return.

(Signature) H. P. Norman
(Attending physician, ~~midwife, householder.*~~)

en or christian name added from a

mental report 191

Address Haydru Arizona

Filed Sept 30 1917

H. D. Roberts
LOCAL REGISTRAR.

688-814-465
COUNTY REGISTRAR.

Filed Oct 5 1917

A True Copy B. G. Fox
COUNTY REGISTRAR.