1302

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 Register No.* 318

Place of Birth Globe (Registration district) No. ..... St.

SEX OF CHILD* Male	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* Nov. (Month) 27 (Day) 1915 (Year)			
FULL NAME* FATHER Robert A. Lewis			
FULL MAIDEN NAME* MOTHER Estella Booth			

I HEREBY CERTIFY that the child described herein has been named

Benjiman Alvin Lewis
[Given name in full] [Surname]

[Signature] Robert A. Lewis

Charles T. Sturgeon
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births 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 5 day of following month.