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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION 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 Pima County Graham No. St.

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH*	<u>Feb.</u>	<u>10</u>	<u>1916</u>
FULL NAME	FATHER <u>William Arthur Lines</u>		
FULL MAIDEN NAME	MOTHER <u>Larrah Eva Anderson</u>		

I HEREBY CERTIFY that the child described
herein has been named

Boyer H. Lines
(Give name in full) (Surname)

Ephraim Larson
(Parent's Signature) Relative

(Signature of Physician or Midwife)

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

supplemental reports of birth may be obtained from the local registrar.
Bla... Bower Co.

232-210-215