

2116

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. * 199

Original
beneath

Place of Birth Tuna
(Registration district)

SEX OF CHILD* <u>M</u>	Twin* Triplet or other?	and	Number* in order of birth	<u>9</u>
DATE OF BIRTH* <u>Oct. 23</u> 191 <u>6</u>				
[Month] [Day] [Year]				
FULL* NAME	FATHER			
<u>E. D. Boswell</u>				
FULL* MAIDEN NAME	MOTHER			
<u>A. H. Mathewson</u>				

No. _____ St. _____

I HEREBY CERTIFY that the child described herein has been named

Arthur Elmer Boswell
(Give name in full) [Surname]

[Signature] E. D. Boswell
X
(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 tenth day of following month.

123-1023-145