

2168

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.* 28

Place of Birth Pima (Registration district) No. _____ St. _____

SEX OF CHILD* Male Twin* Triplet or other and Number* in order of birth 11

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Apr. 7 1921
(Month) (Day) (Year)

Walter Harrington Boswell
(Give name in full) (Surname)

FULL* NAME FATHER Fay Boswell

(Signature) J. W. Morris

FULL* MAIDEN NAME MOTHER Annie H. Mathewson

J. W. Morris, D.
(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.

623-407-145