

981

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. * 178

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami
(Registration District)

County Gila

No. 420 Wentworth St.

SEX OF CHILD*	Twin Triplet or other?	Single	and	Number in order of birth
<u>Male</u>				

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* August 26 1922
(Month) (Day) (Year)

Anthony Harold Walser
(Give name in full) (Surname)

FULL NAME FATHER Geo. J. Walser

George J. Walser
(Parent's Signature)

FULL NAME MOTHER Helle Turley

F. F. Miller M.D. Residence not known
(Signature of Physician or Midwife)

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

Blank supplemental reports of birth maintained from the local registrar.

7/11/40

169-826-538