

259

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 9 #179

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. V

Place of Birth Solomonville, County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD*

Male	Twin Triplet or other?	and	Number* in order of birth
------	------------------------------	-----	---------------------------------

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Sept. 14th 1923
(Month) (Day) (Year)

Richard Tilford Larson
(Give name in full) (Surname)

FULL* FATHER
NAME Tilford Larson

Tilford Larson
(Parent's signature)

FULL* MOTHER
MAIDEN NAME Mary Winiford Elizabeth Price

Dr. D. Scott Schenck
(Signature of Physician or Midwife.)

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

Blank supplemental reports of birth 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.

6-1-26 935-914-475