

114

#482 ✓

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 Registrar's No. \_\_\_\_\_

Place of Birth Taylor Ariz. County Maricopa No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* Male  Triple or other? 1 and 1 Number\* in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* January 20 1924  
(Month) (Day) (Year)

Wm Ramsey Shumway  
(give name in full) (Surname)

FULL NAME FATHER Lester Shumway

Lester Eldene Shumway  
(Parent's signature)

FULL MAIDEN NAME MOTHER Eldene Ramsey

Anna Nelson  
(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.

248-120-47831-24