ARIZONA STATE BOARD OF HEALTH Vol. 8-28 #103

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No.*

Place of Birth (Registration District) Miami County Gila No.

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

DATE OF BIRTH* August (Month) 4 (Day) 1928 (Year)

FULL* NAME FATHER Wm. Lewis Shaw

FULL* MAIDEN NAME MOTHER Clemmie Eugenia Anderson

I HEREBY CERTIFY that the child described [illegible] been named

William Eugene Shaw
(Given name in full) (Surna[illegible])

Clemmie Eugenia Anderson
(Father's or Mother's Signature)

C. F. Perkins
(Signature of Physician or [illegible])

*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 state registrar.

PLEASE WRITE PLAIN AN[illegible]

Supply mother's full maiden name

11-21-25

SEP 14 1928

Ans. _____ Filed _____