ARIZONA STATE BOARD OF HEALTH Vol. 9-28 # 204

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) Safford County Graham No. St.

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

DATE OF BIRTH* September 19th 1928 (Month) (Day) (Year)

FULL* NAME FATHER Frank Booth

FULL* MAIDEN NAME MOTHER Ithanell Bigler ITHA NELL BIGLER

I HEREBY CERTIFY that the child described herein has been named

Frances Booth (Given name in full) (Surname)

Mrs Ithan Booth (Father's or Mother's Signature)

Supplementary report must be filed within 15 days

[signature] (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 state registrar.

PLEASE WRITE PLAIN AND IN INK.

12-31-28 628-919-929

RECEIVED
OCT 10 1928
Ans. File

6086 8/18/90 IX W M 7/25/98