40

'ate of Arizona,
unty of MARICOPA } ss.

Arizona State Board of Health
VITAL STATISTICS

Affidavits for Correction of a Record

Local Reg. No. 29
City or Town of

James F. Mc Donald (Name of Affiant) of 1542 W. Taylor St. Phoenix, Ari:
(Address)

zona, being first duly sworn, deposes and says that he/she is a friend

---

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Mary Louis

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 (Registration District) Bisbee, Arizona County Cochise No. Brewery Gulch St.

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

DATE OF BIRTH* March (Month) 10th (Day) 1910 (Year)

FULL NAME FATHER Elmer Joseph Leftault

FULL* MAIDEN NAME MOTHER Mary Loretta Gregovich

I HEREBY CERTIFY that the child described herein has been named

Mary Louise Leftault
(Give name in full) (Surname)

Mary Loretta Leftault
(Parent's Signature)

Deceased
(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.

5M 5/29/41

433-310-478

my Commission expires 11/6/43