

1911

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

made original
Note

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

County *Gila* No. St.

and	Number
	in order of birth
<i>5</i>	<i>1912</i>
(Day)	(Year)

I HEREBY CERTIFY that the child described herein has been named

Leslie Hakon Harley
(Give name in full) (Surname)

Arvilla Harley
(Parent's Signature)

Physician Dead.
(Signature of Physician or Midwife)

FATHER *Walter Harley*

MOTHER *Ellen Anderson*

by the local registrar before giving out this form.

of birth may be obtained from the local registrar.

368-1005-415