

2328

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

55

Place of Birth Bisbee
(Registration District)

County Cochise

No. Brewery Gulch St.

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Male</u>			
DATE OF BIRTH*	<u>Oct.</u>	<u>20th</u>	<u>1914</u>
	(Month)	(Day)	(Year)
FULL NAME	FATHER <u>Elmer Joseph Leftault</u>		
FULL MAIDEN NAME	MOTHER <u>Mary Loretta Gregovich</u>		

I HEREBY CERTIFY that the child described herein has been named

Ernest Wilbur Leftault
(Give name in full) (Surname)

Mary Loretta Leftault
(Parent's 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.

10M 11-41 A.P.

533-1020-478