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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 96

Place of Birth Miami, Ariz. County Gila No. 14 Rogan St.

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* Nov. 3 1914
(Month) (Day) (Year)

Rutha May Leadin
(Give name in full) (Surname)

FULL NAME FATHER Joseph Newton Leadin

Monte Hiatt Leadin
(Parent's Signature)

FULL MAIDEN NAME MOTHER Monte Hiatt

(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 10-1-43-S.P.Co.

975-1103-483

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

54514