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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(Return should preferably be made
to a person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 288

Place of Birth Peru, Arizona No. _____ St. _____
(Registration district)

SEX OF CHILD* <u>male</u>	Twin* Triplet or other?	and } Number* in order of birth
BIRTH* <u>Oct 24</u> 19 <u>18</u>	[Month] [Day] [Year]	
FATHER <u>Frank Campkin Randall</u>		
MOTHER <u>Lucinda Ellen Leath</u>		

I HEREBY CERTIFY that the child described herein
has been named

Helen Fay Randall
[Give name in full] [Surname]

[Signature] Frank B. Randall

Annabel Leonard
(Physician or Midwife)

Blank items to be entered by the local registrar before giving out this form.
Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
a day of following month.

893-1024-333