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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.* 8

Place of Birth. Apache County Springerville St.

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

DATE OF BIRTH* 9 23 1917 (Month) (Day) (Year)

FULL NAME FATHER John R. Coleman

FULL MAIDEN NAME MOTHER Mary Elzade Everett

I HEREBY CERTIFY that the child described herein has been named

Leland George Coleman (Give name in full) (Surname)

John R. Coleman (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. OM 11-41 A.P.

335-9237453