1919

Apache

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 4

Place of Birth Springerville (Registration district) No.

SEX OF CHILD* Male | ~~Twin*~~ ~~Triplet~~ or other? | and | Number* in order of birth

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

FULL* NAME FATHER John R. Coleman

FULL* MAIDEN NAME MOTHER M. E. Coleman

I HEREBY CERTIFY that the child described here has been named

Leland Coleman
[Give name in full] [Surname]

[Signature] John R Coleman

Dr T. A. Moore
(Physician or Midwife)

*These 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 certificat tenth day of following month.

335-923-453

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted beneath the original