

831

County of ...  
District of ...  
City of ...  
State of ...

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.\*

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth MIAMI County GILA No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>MALE</u>			
DATE OF BIRTH*	<u>DECEMBER 11<sup>th</sup> 1921</u>		
	(Month)	(Day)	(Year)
FULL* NAME	<u>FATHER</u> <u>FRANK SYKES</u>		
FULL* MAIDEN NAME	<u>MOTHER</u> <u>AMELIA SYKES</u> <i>Almero</i>		

I HEREBY CERTIFY that the child described herein has been named

ROBERT ANTHONY SYKES

(Give name in full) (Surname)

*Frank Sykes*  
(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.

5M 7/11/40

922-1011-196

MARGIN RESERVED FOR BINDING