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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

Vol. 12 # 125

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

Place of Birth Miami  
(Registration District)

County Gila

No. 916

Merit St.

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* December 23rd 1921  
(Month) (Day) (Year)

Robert Frank Fink  
(Give name in full) (Surname)

FULL NAME FATHER  
Frank Fink

(Signature)

FULL NAME MOTHER  
Emma Zurich

Dr. C. M. Cron  
(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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on 10th day of following month.

6-8-22