1556

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 103 —

(T... should preferably be made by ... on who made the original)

Birth Miami (Registration District) County Gila No. ..... St.

...LD*	Twin Triplet or other?	and	Number in order of birth

...RTH* January (Month) 4 (Day) 1922 (Year)

FATHER
...ank Robertson

MOTHER
...lizabeth Leggat

I HEREBY CERTIFY that the child described herein has been named

Frank Leggat Robertson
(Give name in full) (Surname)

Frank Robertson
(Parent's Signature)

(Signature of Physician or Midwife)

... to be entered by the local registrar before giving out this form.

...lemental reports of birth may be obtained from the local registrar.

695-104-533