

ARIZONA STATE BOARD OF HEALTH Vol. 11 # 138  
 BUREAU OF VITAL STATISTICS

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

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

Place of Birth Pine County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number* in order of birth <u>12<sup>th</sup></u>
DATE OF BIRTH* <u>November 19th</u> 19 <u>22</u>			
(Month)		(Day)	(Year)
FULL* NAME	FATHER <u>Frank Randall</u>		
FULL* MAIDEN NAME	MOTHER <u>Lucinda H. Leavitt</u>		

I HEREBY CERTIFY that the child described herein has been named

Joan Randall  
 (Give name in full) (Surname)

Frank C. Randall  
 (Parent's signature)

C. H. Rissen M.D.  
 (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 tenth day of following month.

693-1119-333

4-30-22