1869

THE MANUFACTURING STATIONERS INC., PHOENIX, ARIZONA

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 Registrar's No.*

Place of Birth (Registration District) Gila County No. M+I Hospital St.

SEX OF CHILD*	~~Twin~~ Triplet or other?	and	Number* in order of birth
Male			2

DATE OF BIRTH* Aug. (Month) 23 (Day) 1923 (Year)

FULL* NAME FATHER Arthur Ross Campbell

FULL* MAIDEN NAME MOTHER Marian Elaine Sheldon

I HEREBY CERTIFY that the child described herein has been named

Ross Malcolm Campbell
(Give name in full) (Surname)

(Signature)

C. M. Crow 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 tenth day of following month.

Entered Oct 1st 1923 B G Sig Co Reg.

original.