MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 405

Place of Birth Mesa (Registration District) County Maricopa No. ..... St.

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

DATE OF BIRTH* July 20 1928 (Month) (Day) (Year)

FULL NAME FATHER Thomas Franklin Riggs

FULL MAIDEN NAME MOTHER Georgia Lucille Peterson

*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.

10M 11-41 A.P.

I HEREBY CERTIFY that the child described herein has been named

Norma Riggs
(Give name in full) (Surname)

Mrs. Frank Riggs
(Parent's Signature)

(Signature of Physician or Midwife)

592-520-785