

PLACE OF BIRTH
 County of Maricopa ARIZONA STATE BOARD OF HEALTH
 District of _____ BUREAU OF VITAL STATISTICS State Index No. 424
 Town of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 9176
 or _____ Local Registrar's No. 7099
 City of Phoenix (No. _____ St; _____ Ward)

FULL NAME OF CHILD Robert Leslie Fletcher } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~###~~

Sex of Child Male Twin, Triplet or other } and } Number in order of birth } Legiti- mate? yes Date of Birth March 28 1920
 (Month) (Day) (Yr.)

FATHER
 Full Name Herbert L. Fletcher
 Residence 526 E. Portland
 Color or Race White Age at last Birthday 25 (Years)
 Birthplace Lester, Washington
 Occupation _____

MOTHER
 Full Maiden Name Emma S. Abbie
 Residence 526 E. Portland
 Color or Race White Age at last Birthday 22 (Years)
 Birthplace Pittsburg, Pa.
 Occupation Housewife

Number of child of this mother _____ Number of Children, of this mother, now living _____ Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 3/28 1920, at _____ M.

{ *When there is no attending physi-
 cian or midwife, then the householder
 should make this return. }

(Signature) Dr. S. D. Little
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 191____ Address Suite # 104 Physicians' B.

969-328-515
 COUNTY REGISTRAR.

Filed Apr 2 1920 Dr. H. J. ...
 LOCAL REGISTRAR
 A True Copy
 Filed 4-2 1920 H. R. Larson
 COUNTY REGISTRAR.