MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 170

Place of Birth Gixxx Hayden County Gila No. St.
(Registration District)

SEX OF CHILD* Female | Twin Triplet or other? } and { Number in order of birth

DATE OF BIRTH* Nov. 28, 1927
(Month) (Day) (Year)

FULL NAME FATHER Leon Andrew Bivin

FULL* MAIDEN NAME MOTHER Frances Pauline Bush

I HEREBY CERTIFY that the child described herein has been named

Mary Frances Bivin
(Give name in full) (Surname)

Information taken from letter of application of father
(Parent's Signature)

(Signature of 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.

10M 11-41 A.P.

425-1128-628