

2036

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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.*.....

Place of Birth..... PHOENIX County..... MAR No..... St.
(Registration District)

SEX OF CHILD* MALE	Twin Triplet or other?	{	and	{	Number in order of birth
DATE OF BIRTH* DEC 12 1913 (Month) (Day) (Year)					
FULL* NAME FRANK C. PERRY			FATHER		
FULL* MAIDEN NAME VIRGINIA			MOTHER PERRAULT		

I HEREBY CERTIFY that the child described herein
has been named
EVAN DAVID PERRY

(Give name in full) (Surname)
Frank C. Perry
(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.

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