

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 Graham County Ft. Thomas No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* November 15 1922
(Month) (Day) (Year)

William Gilbreth Bryce
(Give name in full) (Surname)

FATHER
 FULL NAME William Carlos Bryce

Delia a Howard
(Parent's Signature) Grandmother

MOTHER
 FULL MAIDEN NAME Beulah Bertie Means

Parents both (deceased) Physician
(Signature of Physician or Midwife) (deceased)

*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.

5M 5/20/41

625-1115-242