ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 5 # 195

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Pima County Graham No. St.
(Registration District)

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

DATE OF BIRTH* May 17th 1923
(Month) (Day) (Year)

FULL NAME FATHER: Brooks Bryce

FULL MAIDEN NAME MOTHER: Norma Follett

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Margie Mae Bryce
(Give name in full) (Surname)

Mrs Brooks Bryce
(Parent's signature)

SIGNATURE OF J. M. Morris M.D.
(Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

1-10-24