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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.* 233

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

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

DATE OF BIRTH* Dec (Month) 13 (Day) 1924 (Year)

FULL NAME FATHER Heber Brooks Bryce

FULL* MAIDEN NAME MOTHER Norma Follett

I HEREBY CERTIFY that the child described herein has been named

Gordon Kent Bryce
(Give name in full) (Surname)

Mrs Brooks Bryce
(Parent's Signature)

Annis L Follett
(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.

5M 5/20/41

725-1213-563

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Ans. File