

in order o

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Maryorie Floyd Evans
County Registrar's No. 191

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Near Safford County Graham No. _____ St. _____
(Registration District)

20. SEX OF CHILD* <i>Female</i>	Twin Triplet or other?	and	Number in order of birth <i>5</i>
DATE OF BIRTH* <i>June 12 1929</i> (Month) (Day) (Year)			
FULL* NAME <i>Floyd Burton Evans</i>		FATHER	
FULL* MAIDEN NAME <i>Maria Augustia Bruce</i>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named

Maryorie Floyd Evans
(Give name in full) (Surname)
Floyd B. Evans
(Parent's Signature)
J.W. Harris
(Signature of Physician or Midwife)

Give _____ 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.

3M 7/11/40

452-612-425