

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. *1211*

Place of Birth *Glendale* County *Delta* No. \_\_\_\_\_ St. \_\_\_\_\_

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

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* *March 6 1927*  
(Month) (Day) (Year)

*Merle Rodney Wescott Jr*  
(Give name in full) (Surname)

FULL NAME FATHER  
*Merle Rodney Wescott*

*Merle Rodney Wescott*  
(Parent's Signature)

FULL MAIDEN NAME MOTHER  
*Willie Spence*

(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.

10M 10-1-43-S.P.Co.

*463-306-529*

1927

File

USE PERMANENT INK