101

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* ..... St.

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

County Gila No. .....

Place of Birth Miami
(Registration District)

SEX OF CHILD* Male

Twin / Triplet / or other? } and { Number in order of birth

DATE OF BIRTH* November 9 1931
(Month) (Day) (Year)

FATHER'S FULL NAME John J. Gordon

MOTHER'S MAIDEN NAME Ila Loretta Hawkins

I HEREBY CERTIFY that the child described herein has been named

NORVAL JAY GORDON
(Give name in full) (Surname)

(Parent's Signature)

John Wilson Hawkins
(Signature of Physician or Midwife)

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

* supplemental reports of birth may be obtained from the local registrar.

2-48—S.P.Co.

579-1109-987