760

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

...is return should preferably be made ...the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 11

...ace of Birth Globe. Arizona. No. ..... St.
(Registration district)

...X OF CHILD*	Twin* Triplet or other?	and	Number* in order of birth
Male			

...OF BIRTH* May 28 1915
[Month] [Day] [Year]

...LL* ...ME FATHER Heber W. Norton

...LL* ...IDEN ...ME MOTHER Margaret Anderson

I HEREBY CERTIFY that the child described herein has been named

Ralph Heber Norton
[Give name in full] [Surname]

[Signature] Heber W. Norton

Dr. L. E. Wightman
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of births 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 ...h day of following month.

905 - 523 - 415

...the Mid...