838

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No.* 135

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

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Miami (Registration District) County Gila No. ..... St.

SEX OF CHILD* Male	Twin / Triplet / or other?	and	Number in order of birth
DATE OF BIRTH* Mar. 23 - 1916 (Month) (Day) (Year)			
FULL* NAME	FATHER Justus Byrd Norcross		
FULL* MAIDEN NAME	MOTHER Anne Neff.		

I HEREBY CERTIFY that the child described herein has been named

Harry Clayton Norcross
(Give name in full) (Surname)

Mrs J. B. Norcross
(Parent's Signature)

.....
(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 7/11/40

852-323-162