MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.* 177

Place of Birth (Registration District) Clay Pool County Don't Know No. ——— St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male	No		

DATE OF BIRTH* Sept. (Month) 27 (Day) 1928 (Year)

FATHER
FULL* NAME Clarence Massey

MOTHER
FULL* MAIDEN NAME Rhona Blanche Southern

I HEREBY CERTIFY that the child described herein has been named

Herbert Alfred Massey
(Give name in full) (Surname)

Clarence Massey
(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.

® 10M 1-45

848-927-925