

IMPORTANT  
This is a permanent record.  
Type in ink.

INDIANA STATE BOARD OF HEALTH  
DELAYED REGISTRATION OF BIRTH

Reg. No. **589116**

REGISTRANT (Person whose birth is being registered.)	1. Registrant's Full Name at Birth <b>Norma Louise Haas</b>		2. Month Day Year BIRTH DATE <b>October 13, 1919</b>	
	3a. City, Town or Rural Birth Place <b>Muncie</b>	3b. County of Birth <b>Delaware</b>	4. Sex <b>Female</b>	5. Color or Race <b>White</b>
FATHER	6. Full Name of Father <b>August Haas</b>		7. State or Country of Father's Birth <b>OHIO</b>	
MOTHER	8. Full Maiden Name of Mother <b>Mabel Marie Worthen</b>		9. State or Country of Mother's Birth <b>INDIANA</b>	
AFFIDAVIT of REGISTRANT SEAL	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			
	Signature <i>Norma Louise Haas</i>		Present Street Address <i>R. 2 Box 498B</i>	
	State of <i>Indiana</i>	City <i>Greentown</i>	State <i>Indiana</i>	
	County of <i>Madison</i> } ss. My commission expires <i>Nov 22-1980</i>	Subscribed and sworn to before me on <i>April 28</i> 19 <i>77</i> Special Deputy Notary Public <i>Patricia Diane Wolfe</i>		

SPACE BELOW MUST BE FILLED IN BY INDIANA STATE BOARD OF HEALTH

DESCRIPTION AND ABSTRACT OF SUPPORTING EVIDENCE Marriage record filed in Delaware County, Indiana for Walter C. Robbins and Norma Louise Haas			Date of the Original Entry <b>5/29/43</b>
Birthdate or Age <b>Oct. 13, 1919</b>	Birth Place <b>Delaware Co. Indiana</b>	Name of Father <b>AUGUST HAAS</b> <del>not shown</del>	Name of Mother <b>MABEL MARIE WORTHEN</b> <del>not shown</del> <b>HAAS</b>
DESCRIPTION AND ABSTRACT OF SUPPORTING EVIDENCE Birth record of Walter Clifton Robbins - Son Cert # 113-44-066278			Date of the Original Entry <b>12/28/44</b>
Birthdate or Age <b>10-13-1919</b> age of mother 25	Birth Place <b>Indiana</b>	Name of Father <b>Walter Clifton</b> <del>not shown</del>	Name of Mother <b>Norma Louise</b> <del>not shown</del> <b>Haas</b>
DESCRIPTION AND ABSTRACT OF SUPPORTING EVIDENCE			Date of the Original Entry
Birthdate or Age	Birth Place	Name of Father	Name of Mother

I certify that I have examined the documents referred to  
above, that the abstract is true and correct, the documents  
show no changes or erasures and appear to be authentic.

*Edna L. Berger*  
INDIANA STATE BOARD OF HEALTH

**MAY 5 1977**

Accepted for filing

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE  
WITH THE INDIANA STATE BOARD OF HEALTH



SBH 113-14

**MAY -5 1977**

*Robert R. Lewis*  
STATE REGISTRAR

Not valid unless machine signed with multi-colored ribbon  
It is unlawful to reproduce this record