

CROSS REFERENCE RECORD

FIRM NAME OR SUBJECT NEGRO PHYSICIANS (ALEXANDER VIRGINIA) **FILE NO.** _____

DATE 11-3-39 **REMARKS** Dr. Hiscock of Yale to Julia Groscop re:

Dr. Alexander's qualifications for Philadelphia position.

SEE PHILADELPHIA HEALTH CENTER **FILE NO.** _____

DATE _____ **SIGNED** _____

FILE CROSS REFERENCE RECORD UNDER NAME OR SUBJECT LISTED AT TOP OF THIS SHEET, AND IN PROPER DATE ORDER. THE PAPERS REFERRED TO SHOULD BE FILED UNDER NAME OR SUBJECT LISTED UNDER "SEE"

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