Item 2 added by off. of reg. and copy of Soc. Sec. Appl. for Number. (6-27-67 last)

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 96

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township Payson or Village

City No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child MARJORIE MAXENE PACKARD (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female — To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth 2

6. Legitimate? Yes

7. Date of birth 6-22-32 (Month Day Year)

8. FATHER

Full name William F. Packard

9. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state

10. Color or race W

11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Ariz (State or country)

13. Occupation Nature of industry Farmer

14. MOTHER

Full maiden name Viola E. Miller

15. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state

16. Color or race W

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Ariz (State or country)

19. Occupation Nature of industry HW

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 6:10 p.m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C H Risser

Physician (Physician or midwife).

Given name added from a supplemental report Month, day, year

Address Payson Ariz

474-622-549 Registrar

Filed 7/1/32, 19 C H Risser Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.