Received
DEC 12
Arizona

ARIZONA STATE DEPARTMENT OF HEALTH

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 93

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

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth

DATE OF BIRTH* Oct. (Month) 22 (Day) 1932 (Year)

FULL NAME — FATHER: Jay Harmon Gould

FULL* MAIDEN NAME — MOTHER: Margaret Fuller

I HEREBY CERTIFY that the child described herein has been named

Nada Jean Gould (Give name in full) Gould (Surname)

Margaret Fuller Gould (Parent's Signature)

Etta Fuller (nurse's signature Physician is dead) (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—8-42—Bower Co.

574-102-2-469

2994-6/5/97 (X) Ce. S. 9326