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.* 81 ea

Place of Birth Miami (Registration District) County Gila No. 410 Wentworth St.

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

DATE OF BIRTH* March 25, 1933 (Month) (Day) (Year)

FULL NAME — FATHER: Daniel W. Wood

FULL MAIDEN NAME — MOTHER: Erma B. Packer

I HEREBY CERTIFY that the child described herein has been named

Denita Louise Wood
(Give name in full) (Surname)

Erma B Packer
(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—8-42—Bower Co.

464-325-579

APR 10 1933