ATE OF BIRTH

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MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* .....

Place of Birth MIAMI County GILA No. ..... St.
(Registration District)

I HEREBY CERTIFY that the child described herein has been named

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

NORMAN EDSON PACKER
(Given name in full) (Surname)

DATE OF BIRTH* July 22 1933
(Month) (Day) (Year)

E. R. Packer
(Parent's Signature)

FULL NAME FATHER
EDSON Rolon PACKER

FULL MAIDEN NAME MOTHER
DAPHNE ELIZABETH COSPER

(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.

SM 6-38

579-772-439