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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 12

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

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

DATE OF BIRTH* Dec. (Month) 28 (Day) 1913 (Year)

FULL NAME	FATHER Alfred Monroe Packard
FULL* MAIDEN NAME	MOTHER Ida Bell Goswick

I HEREBY CERTIFY that the child described herein has been named

Ruth Adeline Packard
(Give name in full) (Surname)

Ida Belle Goswick Packard mother
(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 11-41 A.P.

974-1228-972