

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 296

Place of Birth Maricopa, Arizona No. _____ St. _____
(Registration district)

SEX OF CHILD* <u>Female</u>	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>Sept 21 1915</u>	[Month]	[Day]	[Year]
FULL* NAME <u>William C Landina Packer</u>	FATHER		
FULL* MAIDEN NAME <u>Agatha Matilda Fipette</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Doris Ruth Packer
[Give name in full] [Surname]

[Signature] Wm Landina Packer

J. H. Bailey
(Physician ~~Midwife~~)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

479-921-135