

1124

157

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

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.*.....

Place of Birth Ashurst County Graham No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{	and	}	Number in order of birth
<u>Female</u>					
DATE OF BIRTH* <u>June</u> <u>7</u> <u>1921</u>					
(Month) (Day) (Year)					
FATHER					
FULL NAME	<u>Emell H Packer</u>				
MOTHER					
FULL MAIDEN NAME	<u>May Belle Brady</u>				

I HEREBY CERTIFY that the child described herein has been named

Modena Packer
(Give name in full) (Surname)

Helen Means
(Parent's Signature)
Sisti

(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.

479-607-428