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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

'urn should preferably be made
:erson who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

: of Birth MIAMI County GILA No. St.
stration District)

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

)F BIRTH* November 26, 1928
(Month) (Day) (Year)

FATHER
EDSON RULON PACKER

MOTHER
DAPHNE ELIZABETH COSPER

I HEREBY CERTIFY that the child described herein has been named

FAY JEAN PACKER
(Give name in full) (Surname)

E. P. Packer
(Parent's Signature)

(Signature of Physician or Midwife)

ese items to be entered by the local registrar before giving out this form.

ik supplemental reports of birth may be obtained from the local registrar.

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679-1126-439