## AUDITOR OF STATE WELFARE AUDITS AND INVESTIGATION

## HANDWRITING SPECIMENS OF:

NAME	DATE
ADDRESS	CASE NO
WRITE NAME	WRITE NAME
<u> </u>	
then goes to Turin and Rome, and will join Col. or Dec. 2nd. Letters there should be address: Ki Fuller, Tuesday. Dr. L. McQuaid, and Robt. Un  PLEASE CO	ing James Blvd., 3580. We expect Chas. E.

## ADDITIONAL HANDWRITING SPECIMENS:

PRINT NAME	PRINT ADDRESS
LEFT HAND OR OPPOSITE OF NORMAL I	HANDWRITING USED
PRINT NAME	WRITE NAME
I have given this specimen of my handwriting of promised nothing nor has any threat been made in court against me in any prosecution that may	e against me. I realize that this may be used
S	igned:
	Date:
Witnessed by:	