



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

*Abigail George*

of

*ZZ - Wilford Hall Medical Center*

has completed training on

Acknowledgement of Paternity

on this day,

April , .

A handwritten signature in black ink, appearing to read "Ruth Ann Thornton".

Ruth Ann Thornton  
Director of Child Support Division