

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 11
Registered No. _____

1. PLACE OF BIRTH

County Apache State _____
District or Township St Johns or Village _____
City St Johns No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nadine Stradler (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child f To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Jan 25-27
Month Day Year

8. FATHER Full name James L. Stradler

14. MOTHER Full maiden name Mary L. Pichey

9. Residence (Usual place of abode) St Johns, Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) St Johns, Ariz
If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 33 (Years)

16. Color or race W 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) St Johns Ariz
(State or country)

18. Birthplace (city or place) St Johns Ariz
(State or country)

13. Occupation farmer
Nature of industry

19. Occupation N.A.
Nature of industry

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:15 on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Baulieu
(Physician or midwife)

Given name added from a supplemental report _____ Address St Johns Ariz
Month, day, year _____

Filed 7/5, 1927 Martin Jensen
Registrar Registrar

527-105-498

UNFADING INK. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.