WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 429

County Registrar No. _____

Local Registrar No. _____

PLACE OF BIRTH

1. County of Navajo

District of Lakeside

Town of _____

or

City of _____ No. _____ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruby Amos — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? yes

7. Date of birth: 5 / 28 / 27 (Month / day / year)

8. FATHER

Full name: Byron Amos

9. Residence (Usual place of abode)

If nonresident, give place and state: Lake Side

10. Color or race: apache quarter Indian

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Snowflake

(State or country): Navajo Co. Ariz

13. Occupation: Farming and cattle raising

Nature of industry

14. MOTHER

Full maiden name: Maud Gibbons

15. Residence (Usual place of abode)

If nonresident, give place and state: Lake Side

16. Color or race: White

17. Age at last birthday: 28 (Years)

18. Birthplace (city or place): St Johns

(State or country): Apache Co. Ariz.

19. Occupation: house wife

Nature of industry

20. Number of children of this mother (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 _____

(c) Stillborn _____

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 (Born alive or stillborn.) at 5 a.m. on the date above stated.

*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 evidences of life after birth.

Signature: Loretta E. Hansen (Physician or midwife)

Address: Lakeside, Ariz.

Given name added from a supplemental report _____ Month, day, year.

Filed June 9, 1927 John L. Fish, Local Registrar.

Registrar.

Filed _____, 19__ _____ County Registrar.

912-528-472