Indexed

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 511-a

Registered No.

1. PLACE OF BIRTH

County Navajo State Ariz.

District or Township at large or Village

City Whiteriver No. St.

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

2. Full name of child Grant Lee — If child is not yet nam[illegible] supplemental report, as [illegible]

3. Sex of Child Male — 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 8-15 (Month Day)

8. FATHER

Full name Oscar Lee

9. Residence (Usual place of abode) Whiteriver

If non-resident, give place and state. Ariz.

10. Color or race Indian

11. Age at last birthday Not known (Years)

12. Birthplace (city or place) San Carlos

(State or country) Ariz.

13. Occupation Stockman

Nature of Industry

14. MOTHER

Full maiden name Mollie Lu[illegible]

15. Residence (Usual place of abode) Whiteri[illegible]

If non-resident, give place and state. Ar[illegible]

16. Color or race Indian

17. Age at last birthday 2

18. Birthplace (city or place) Whiteri[illegible]

(State or country) Ar[illegible]

19. Occupation

Nature of Industry Housew[illegible]

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 2

(a) Born alive and now living 1

(b) Born alive but now dead 1

(c) Stillborn 0

21. Were precautions taken [illegible] thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at m. on the date [illegible]

*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 not attended by Physician (Physician or midwife.)

Given name added from a supplementl report Month, day, year

Address

735-815-435 Registrar.

Filed, 19 Mrs Herbert Cooper Registrar.