

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

State File No. 448 ad
 Registered No. 76

PLACE OF BIRTH
 County Navajo State Ariz.
 District or Township Holbrook or Village _____
 City Holbrook No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Letty Lou Farr (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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Sept. 1, 1927
 Month Day Year

8. FATHER
 Full name Devey Farr
 9. Residence (Usual place of abode) Holbrook Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Esther Brown
 15. Residence (Usual place of abode) Holbrook Ariz.
 If non-resident, give place and state.

10. Color or race W. 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 30 (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 Oil Salesman
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (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 white (Born alive or stillborn.) at 11:30 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 evidence of life after birth.
 Signature J. H. Keywood (Physician or midwife)

Given name added from a supplemental report _____ Address Snowflake

Month, day, year _____ Filed 9-10, 1927 W. Wilson Registrar

369-901-525