

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

State File No. 451
Registered No. _____

1. PLACE OF BIRTH

County Navajo State Arizona
District or Township _____ or Village Snowflake
City _____ No. _____ St. _____ Ward _____

2. Full name of child Anna Fay Savage
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 Sept 5 1927
Month Day Year

8. FATHER
Full name Russel D. Savage
9. Residence (Usual place of abode) Show Low
If non-resident, give place and state. Arizona
10. Color or race White
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) White River
(State or country) Arizona
13. Occupation Farmer
Nature of industry _____

14. MOTHER
Full maiden name Rosella Ramsay
15. Residence (Usual place of abode) Show Low
If non-resident, give place and state. Arizona
16. Color or race White
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Snowflake
(State or country) Arizona
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 Alive at 10-10 p.m. 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 Mary Gardner
Midwife
(Physician or midwife).

Given name added from a supplemental report _____ Address Snowflake Ariz

Filed Sept 15 - 1927 Registrar J. H. Frost

125-905-998