

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Navajo

District of \_\_\_\_\_

Town of Linden

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 639

County Registrar No. \_\_\_\_\_

Local Registrar No. 22. Full name of child Lyle Turley Kartchner

(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

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes7. Date of birth March 24, 1930  
Month Day Year

8.

FATHER

Full name

Nowlin Deature Kartchner

9. Residence

(Usual place of abode)

Linden Arizona.

If non-resident, give place and state.

10. Color or race

White11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

(State or country)

Cloning Digg  
Chihuahua

13. Occupation

Nature of industry

Farming

14.

MOTHER

Full maiden name

Leora Turley

15. Residence

(Usual place of abode)

Linden Arizona.

If non-resident, give place and state.

16. Color or race

White17. Age at last birthday 25 (Years)

18. Birthplace (city or place)

(State or country)

Woodruff

19. Occupation

Nature of industry

House keeping

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)one(a) Born alive and now living yes

(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 at 2:45 a. 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

J. M. Woodward

(Physician or midwife.)

Address

SnowflakeGiven name added from  
a supplemental report

Month, day, year

Filed

April 1, 1930

19

Filed

April 1, 1930

19

Registrar

Local Registrar.

County Registrar

329-324-338