

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

State File No. 532

Local Registrar's No. _____

1. PLACE OF BIRTH

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

(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.)

2. Full name of child Elaine Turley

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>May-11-1930</u> Month (Day) Year
5. No., in order of birth _____				

8 FATHER
 Full name Charles Herman Turley

14 MOTHER
 Full maiden name Elizabeth Anna Hunt

9. Residence (Usual place of abode) Woodruff
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race white
 11. Age at last birthday 30 (Years)

16. Color or race white
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Snowflake
 (State or country) Ariz.

18. Birthplace (city or place) Pine
 (State or country) Ariz.

13. Occupation Farmer
 Nature of industry

19. Occupation housewife
 Nature of industry

20. Number of children of this mother four
 (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 0
 (c) Stillborn 0

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 born alive at 2 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 Mrs. L. E. Gardner

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

Address Woodruff Arizona
Sara Brunckerhoff
 (Physician or midwife)

Filed _____ 19 _____
 Registrar _____

538-511-583

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.