

N.B.—In case of more than one child, the name of each, and the number of each in order of birth stated.

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

State File No. 5420
Local Registrar's No. _____

1. PLACE OF BIRTH

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

2. Full name of child Montez Frost
(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 M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. No. in order of birth _____ 7. Date of birth May 24, 1990
Month Day Year

5 FATHER
Full name James Clifford Frost
2. Residence (Usual place of abode) Snowflake
If non-resident, give place and state.
10. Color or race W.
11. Age at last birthday 44 (Years)
12. Birthplace (city or place) Marion
(State or country) Ariz.
13. Occupation Auto Mech.
Nature of industry _____

14. MOTHER
Full maiden name Henrietta Hall
15. Residence (Usual place of abode) Snowflake
If non-resident, give place and state.
16. Color or race W.
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Taylor
(State or country) Ariz.
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 7
(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 1 (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 4:20 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 J. H. Heywood
(Physician or midwife).

Given name added from a supplemental report. _____ Address Snowflake

Month, day, year _____ Filed June 10, 1930 Registrar J. H. Frost

463-524-883