

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

State File No. 543

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 Constance Decker  
(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 F. 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 May 21, 1930  
 Month Day Year

8. FATHER  
 Full name Alas J. Decker  
 9. Residence (Usual place of abode) Snowflake  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Catherine Eva Owens  
 15. Residence (Usual place of abode) Snowflake  
 If non-resident, give place and state.

10. Color or race W.  
 11. Age at last birthday 37 (Years)

16. Color or race W.  
 17. Age at last birthday 29 (Years)

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

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

13. Occupation Farmer  
 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 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 J. H. Raymond  
Phys. (Physician or midwife.)

Given name added from a supplemental report. \_\_\_\_\_ Address Snowflake  
 Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed June 13, 1930 J. H. Frost  
 Registrar

349-525-362

N.B.—In case of more than one child at a birth, a separate certificate must be made for each, and the number of each in order of birth stated.