

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

State File No. 721-8
 Registered No. 796-8

1. PLACE OF BIRTH

County Yavapai State Arizona
 District or Township _____ or Village _____
 City Prescott No. 3 miles n. w. of Prescott Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lenora May Comstock (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>May 18, 1930</u> Month Day Year
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8. FATHER
 Full name Francis Marion Comstock

14. MOTHER
 Full maiden name Lenora McGuire

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

15. Residence Prescott, Arizona
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race White

16. Color or race White

11. Age at last birthday 39 (Years)

17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Kansas
(State or country)

18. Birthplace (city or place) Kansas
(State or country)

13. Occupation Welder
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 8th
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living	<u>6</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

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 May 18, 1930 at 3:30 Pm. 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 R. N. Looney
R. N. Looney
(Physician or midwife)

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

Filed 5/19/30 Harry F. Southworth
 Registrar

332-518-345