

CERTIFICATE AMENDED

ARIZONA STATE BOARD OF HEALTH

Review named added to item 2 by off. of reg. and Prof. Cuts (11-12-69) 150

SEE NOTATION

BUREAU OF VITAL STATISTICS

State File No. _____

1. PLACE OF BIRTH

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

County Gila State Ariz

District or Township _____ or Village Pine Aiz

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child BENJAMIN GUY Rutherford JR. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 2 6. Legitimate? Yes 7. Date of birth July 3/30
(Month) Day Year

8. FATHER Full name Ben Rutherford

14. MOTHER Full maiden name Willis W. Wheatley

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

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

10. Color or race White 11. Age at last birthday 28 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) n. Mex.
 (State or country)

13. Occupation Nature of industry Forest Ranger

19. Occupation Nature of industry H.W.

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE* 46

I hereby certify that I attended the birth of this child, who was born alive at 21 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 [Signature]

 (Physician or midwife) ✓

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

Address Paysan Ariz
 Filled July 31, 1930 Grauff LeRaudall
 Registrar

294-703 1568

order of birth stated.