

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1
Registered No. _____

1. PLACE OF BIRTH

County Apache State Arizona
Township _____ or Village _____
City St. Johns No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lavelda Heap { If child is not yet named, make supplemental report, as directed

3. Sex female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept. 1 1930
(Month, day, year) 5. Number, in order of birth _____ Full term? X

9. Full name **FATHER**
Henry Ward Heap

18. Full maiden name **MOTHER**
Etta Berry

10. Residence (usual place of abode) St. Johns, Ariz.
(If nonresident, give place and State)

19. Residence (usual place of abode) St. Johns, Ariz.
(If nonresident, give place and State)

11. Color or race white 2. Age at last birthday 41 (Years)

20. Color or race white 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) St. Johns
(State or country) Ariz.

22. Birthplace (city or place) St. Johns
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Ranch

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 3 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 8 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.

(Signed) J. P. Arnyo, M.D.

or _____ Midwife

Given name added from a supplemental report _____ (Date of) _____

Address St. Johns, Arizona

Filed Sept 4 1930 J. P. Arnyo Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

387-901-528