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

State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

1. PLACE OF BIRTH

County Nauvajo State Arizona  
District or Township \_\_\_\_\_ or Village Woodruff  
City \_\_\_\_\_ No. \_\_\_\_\_ SL \_\_\_\_\_ Ward \_\_\_\_\_  
(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.)

Full name of child Nella Allen

Sex of Child female 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 Sept-1-1930  
Month Day Year

FATHER  
Full name Susannah Alma Allen  
Residence (Usual place of abode) Woodruff  
If non-resident, give place and state. \_\_\_\_\_  
8. Color or race white  
11. Age at last birthday 32 (Years)  
2. Birthplace (city or place) Moena Ariz  
(State or country) Coconino Co. Ariz.  
13. Occupation  
Nature of industry mason

MOTHER  
Full maiden name Charlotte Ballard  
15. Residence (Usual place of abode) Woodruff  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race white  
17. Age at last birthday 28 (Years)  
18. Birthplace (city or place) Snowflake  
(State or country) Arizona  
19. Occupation  
Nature of industry housewife

20. Number of children of this mother 4th (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) (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 Born alive at 2 P. 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 Susannah J. Allen Bater  
15-01 E. 2nd School Road Phoenix Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Sara Brinkerhoff  
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.

RECORDED - 12-1-30 10:45 AM

515-901-324