SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 309

Registered No. 41

1. PLACE OF BIRTH

County: Maricopa State: Ariz

District or Township: ..... or Village: .....

City: Mesa No. 247 So Robson St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Lora Edith Fuller (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: .....

5. No., in order of birth: 1

6. Legitimate? Yes

7. Date of birth: Feb 14 31 (Month Day Year)

8. FATHER

Full Name: George Fuller

9. Residence (Usual place of abode): Mesa

If non-resident, give place and state.

10. Color or race: W

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Pine

(State or country): Ariz

13. Occupation: Labor

Name of Industry: .....

14. MOTHER

Full maiden name: Edith F. Jones

15. Residence (Usual place of bode): Mesa

If non-resident, give place and state.

16. Color or race: W

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): Lehi

State or country): Ariz

19. Occupation: H Keep

Nature of Industry: .....

20. Number of children of this mother: 1 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 1

(b) Born alive but now dead: .....

(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 (Born alive or stillborn) at 5:10 P. m on the date above stated.

*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: C. A. Donaldson (Physician or Midwife)

Address: Mesa

Give name added from a supplemental report ..... Month, day, year

Filed 2-16, 1931 Dr. F.W. Brown Registrar.

Registrar.

369-214-512

Mrs. B.