SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 13

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 --- Patterson { If child is not yet named, make supplemental report, as directed

3. Sex male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth June 22 31 (Month, day, year)

FATHER

9. Full name Don Robert Patterson

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

11. Color or race white | 12. Age at last birthday 32 (Years)

13. Birthplace (city or place) St. Jonns (State or country) Arizona

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 6

MOTHER

18. Full maiden name Alma Hamblin

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

20. Color or race white | 21. Age at last birthday 31 (Years)

22. Birthplace (city or place) Nutrioso (State or country) Arizona

OCCUPATION

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

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

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 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (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 9:00A. 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) [signature], M.D.

or ....., Midwife

Address St. Johns, Arizona

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

575-621-185

Registrar.

Filed July 9, 1931 Lena Gibbons Registrar.

In order of birth stated.