MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

Registered No.

1. PLACE OF BIRTH Gila

County Gila State Arizona

District or Township or Village Payson

City No. St. W

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

2. Full name of child (If child is not yet named, m supplemental report, as direc

3. Sex of Child Female — To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth 3

6. Legitimate? Yes

7. Date of birth 7 / 11 / 31 (Month / Day / Year)

8. FATHER

Full name Fred Farrell

9. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) N. M.

(State or country)

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Rhoda White

15 Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 20 (Ye

18. Birthplace (city or place) N. Mex.

(State or country)

19. Occupation

Nature of industry HW

20. Number of children of this mother 3

(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 1

(c) Stillborn 0

21. Were precautions taken against thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 a.m. on the date above st

(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 C H Risser

Physician (Physician or midwife).

Given name added from a supplemental report 063-711-965 Month, day, year

Address Payson Ariz

Filed 7/11, 1931 C H Risser Registrar

Registrar