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. 160

Registered No. 154

1. PLACE OF BIRTH

County Graham State Arizona

District or Township Safford, or Village

City Safford, No. St., Ward

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

2. Full name of child Rex Birdno (If child is not yet named, make supplemental report, as directed)

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth 4

6. Legitimate? Yes

7. Date of birth July-18th, 1931 (Month Day Year)

8. FATHER

Full name Wm D. Birdno

9. Residence (Usual place of abode) Safford, Arizona

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 36 (Years)

12. Birthplace (city or place)

(State or country) Arizona

13. Occupation

Nature of industry Miller

14. MOTHER

Full maiden name Theresa Allred

15. Residence (Usual place of abode) Safford, Arizona

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 31 (Years)

18. Birthplace (city or state)

(State or country) Old Mexico

19. Occupation

Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child) 4th

(a) Born alive and now living 3

(b) Born alive but now dead 1

(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 3:30 A. 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 J. N. Stratton

Physician (Physician or midwife).

Given name added from a supplemental report

Address Safford, Arizona

Month, day, year

9216-718-314

Registrar.

Filed Aug-8-, 1931 J. N. Stratton Registrar.

By O. H. Lopez