

ALL INFORMATION 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. 4
Registered No. 2

1. PLACE OF BIRTH

County Apache State Ariz
 District or Township _____ or Village _____
 City Alpine No. _____ St. _____ 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

2. Full name of child Paul Noble

3. Sex of Child Male To be answered ONLY in event of plural births. **4. Twin, triplet or other** _____ **6. Legitimate** Yes
5. No. in order of birth _____ **Date of birth** Aug 16 1931
Month Day Year

8. FATHER
Full name Charles Leslie Noble

14. MOTHER
Full maiden name Zella Brinkerhoff

9. Residence
(Usual place of abode)
If non-resident, give place and state. Alpine

16. Residence
(Usual place of abode)
If non-resident, give place and state. Alpine Ariz

10. Color or race White **11. Age at last birthday** 40 (Years)

16. Color or race White **17. Age at last birthday** 39 (Years)

12. Birthplace (city or place) Alpine
(State or country) Ariz

18. Birthplace (city or place) Tuba City
(State or country) Ariz

13. Occupation
Nature of Industry Farmer

19. Occupation
Nature of Industry House wife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (b) Born alive but now dead 0
 (c) Stillborn _____ **21. Were precautions taken against ophthalmia neonatorum?** Silver Nitrate 2%

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P. on the date above stated.
(Born alive or stillborn)

Signature Pearl L. Tenney
(Physician or midwife.)

Given name added from _____ Address _____
 Month, day, year _____

Filed _____ 19 _____
 Registrar Sarah Hamblin
 Registrar
755-816-926