ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 128

Local Registrar's No. 70

1. PLACE OF BIRTH

County Coconino State Arizona

District or Township Williams or Village

City Williams No. St., Ward

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

2. Full name of child Marvin Ross Eagar — 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

6. Legitimate? yes

7. Date of birth Aug. 4th 1931 (Month, Day, Year)

8. FATHER

Full name Ross R. Eagar

9. Residence (Usual place of abode) Parks

If non-resident, give place and state. Arizona

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Eagar Ariz.

(State or country)

13. Occupation Truck Driver

Nature of industry

14. MOTHER

Full maiden name Ellen Jepson

15. Residence (Usual place of abode) Parks

If non-resident, give place and state. Arizona

16. Color or race White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Alpine

(State or country) Arizona

19. Occupation Housewife

Nature of industry

20. Number of children of this mother One

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living One

(b) Born alive but now dead None

(c) Stillborn None

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 at 6:10 p.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. A. Melick

Physician

(Physician ~~or midwife~~).

Given name added from a supplemental report

Address Williams, Arizona

Month, day, year

459-804-515

Registrar

Filed 8-10-1931

C. D. Jeffries

Registrar

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD