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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ..... Registered No. 28

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village Pine

City ..... No. ..... St. ..... Ward

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

2. Full name of child Melvin Grant Randall (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 1st

6. Legitimate? Yes

7. Date of birth 9 (Month) 6 (Day) 31 (Year)

8. FATHER — Full name Melvin Randall

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

10. Color or race White

11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Arizona (State or country)

13. Occupation Labour — Nature of Industry ~~Farmer~~

14. MOTHER — Full maiden name Eva L. Grant

15. Residence (Usual place of abode) Pine Arizona — If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Rockland, Idaho. ~~Arizona~~ (State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

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 5:57 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 C H Risser
Physician (Physician or midwife)

Given name added from a supplemental report ..... Month, day, year

Address Payson Ariz

Frank C Randall Registrar

Filed Oct 5, 1931 Frank C Randall Registrar

493-906-523

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.