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.

V. S. No. 2

ARIZONA STATE BOARD OF HEALTH

367

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....

County Registrar No. .....

Local Registrar No. .....

PLACE OF BIRTH

1. County of Navajo

District of .....

Town of .....

or

City of Snowflake No. ..... St. ..... Ward

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

2. Full name of child Dean Maeser Flake (If child is not yet named, make supplemental report, as directed.)

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

4. Twin, triplet or other 1

5. No., in order of birth .....

6. Legitimate? Yes

7. Date of birth Oct. 6, 1931 (Month Day Year)

8. FATHER

Full name Virgil M. Flake

9. Residence (Usual place of abode) Snowflake

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Snowflake

(State or country) Ariz.

13. Occupation Cattle raising

Nature of industry

14. MOTHER

Full maiden name Gerda Hendrickson

15 Residence (Usual place of abode) Snowflake

If non-resident, give place and state.

16 Color or race W

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Fruitland

(State or country) New Mex.

19. Occupation Housewife

Nature of industry

20. Number of children of this mother (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 0

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:25 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. Heywood, Phys. (Physician or midwife)

Address Snowflake

Given name added from a supplemental report 465-1006-785 Filed Oct 10th 1931 J. H. Frost Local Registrar.

Month, day, year

Registrar

Filed ....., 19.... County Registrar.