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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

ARIZONA STATE BOARD OF HEALTH

379

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No.
County Registrar No.
Local Registrar No. 9

PLACE OF BIRTH

1. County of Navajo
District of Clay Springs
Town of
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Grant Brewer (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 6 (Month) 24 (Day) 1932 (Year)

FATHER	MOTHER
8. Full name George Grant Brewer	14. Full maiden name Lydia Ellen Ellsworth
9. Residence (Usual place of abode) Clay Springs Arizona (If non-resident, give place and state.)	15. Residence (Usual place of abode) Clay Springs Arizona (If non-resident, give place and state.)
10. Color or race White 11. Age at last birthday 49 (Years)	16. Color or race White 17. Age at last birthday 43 (Years)
12. Birthplace (city or place) Virgin City (State or country) Utah	18. Birthplace (city or place) Taylor (State or country) Arizona
13. Occupation Farmer Nature of Industry	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 6 (b) Born alive but now dead 3 (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 11:40 P. 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 Lottie M. Webb (~~Physician~~ or midwife).
Address Pinedale, Arizona

Given name added from a supplemental report ..... Filed June 28, 1932 Mrs J. Elof Brewer Local Registrar.
Month, day, year

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

129-624-35R