SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 364

Registered No. 204

1. PLACE OF BIRTH

County Maricopa State Ariz.

Township ..... or Village .....

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

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

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

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth July 30, 1932 (Month, day, year)

9. Full name E M FATHER Lamb

10. Residence (usual place of abode) (If non-resident, give place and State) Mesa

11. Color or race White | 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Blue Water (State or country) New Mex

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

18. Full maiden name Jennie MOTHER Bloomfield

19. Residence (usual place of abode) (If non-resident, give place and State) Mesa

20. Color or race White | 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Raymond (State or country) New Mex

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nurse

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 30 a 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.)

(Signed) E. E. Kinshaw, M. D.

or ....., Midwife

Address Mesa Ariz.

Filed Aug 5, 1932 Jim Meldrum Registrar.

Given name added from a supplemental report ..... (Date of)

232-0730-124 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.

WHEN ABOVE WITH UNFADING INK—THIS IS A PERMANENT RECORD