CERTIFICATE AMENDED ITEM #2 ENTERED PER SUPPL. REPORT + OFF. REGISTRANT. 9
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

420-73 CM

State File No. .....

Registered No. .....

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

County Apache State Arizona

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

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

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

Full name of child MARVIN REUD Stradling { If child is not yet named, make supplemental report, as directed

3. Sex Male | 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 Aug 22, 1932 (Month, day, year)

9. Full name FATHER Marvin L. Stradling | 18. Full maiden name MOTHER Daphne Lewis

9. Residence (usual place of abode) (If nonresident, give place and State) St Johns | 19. Residence (usual place of abode) (If nonresident, give place and State) St Johns

Color or race White | 12. Age at last birthday 25 (Years) | 20. Color or race White | 21. Age at last birthday 22 (Years)

Place (city or place) St Johns | 22. Birthplace (city or place) Ramah

(State or country) Arizona | (State or country) New Mex

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

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

Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work ..... | 25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

Number of children of this mother (including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

Born, 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 4:10 A.M. on the date above stated (Born alive or stillborn)

If there was no attending physician or officer, then the father, householder, should make this return.

Added from special report 427-822 432 (Date of)

(Signed) ....., M.D.

or Margaret Garris, Midwife

Address .....

Filed Sept 1, 1932 Corinne Cowley Registrar.

..... Registrar.