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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 377

Registered No. 29

PLACE OF BIRTH

SUPPLEMENT ATTACHED

County Navajo State

Township or Village

City No. St. Ward

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

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

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 Oct. 27, 1932 (Month, day, year)

FATHER

Full name Clemence D. Adair

Residence (usual place of abode) (If non-resident, give place and State) Pinetop Arizona

Color or race white | 12. Age at last birthday 33 (Years)

Birthplace (city or place) Pinetop (State or country) Arizona

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

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 12

MOTHER

18. Full maiden name Violet H. Packer

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

20. Color or race white | 21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Pinetop (State or country) Arizona

OCCUPATION

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

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

25. Date (month and year) last engaged in this work , 19 | 26. Total time (years) spent in this work 12

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn

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 (Born alive or stillborn) at 3.30 P. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from supplemental report FR 1027-579 (Date of)

Registrar.

(Signed) M. D.

or Loretta E. Hansen, Midwife

Address Lakeside Arizona

Filed Nov. 4, 1932 Loretta E. Hansen Registrar.