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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

482

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

County Registrar No.

Local Registrar No. 1939

1. County of Yavapai

District of Arizona

Town of

or

City of Prescott No. 409 S. Montezuma St. Ward

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

2. Full name of child Lonnie Robert Smith (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 Oct 7 1932 (Month Day Year)

8. FATHER	14. MOTHER
Full name Clint William Smith	Full maiden name Ada Pauline Gibson
9. Residence (Usual place of abode) 409 S. Montezuma Rear	15 Residence (Usual place of abode) 409 S. Montezuma Rear
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race White	16 Color or race, White
11. Age at last birthday 22 (Years)	17. Age at last birthday 19 (Years)
12. Birthplace (city or place) New Mexico (State or country)	18. Birthplace (city or place) Arizona (State or country)
13. Occupation Laborer 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.) One
(a) Born alive and now living 1
(b) Born alive but now dead
(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 at 7:10 P 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cora M. Tolle (Physician or midwife)

Address 231 S. Mt. Vernon

Given name added from a supplemental report Month, day, year

Filed 10 Harry T. Southworth, 19 Local Registrar.

Registrar

Filed , 19 County Registrar.

328-1007-175