319

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.....

Registered No.....

County Navajo State

Township or Village

City Show Low No. St. Ward

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

Full name of child Jack Vaughn Penrod (If child is not yet named, make supplemental report, as directed)

SEX M | 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 Nov 5, 1932 (Month, day, year)

FATHER

Full name Flavis C Penrod

Residence (usual place of abode) (If non-resident, give place and State) Show Low

Color or race W | 12. Age at last birthday 29 (Years)

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

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

MOTHER

18. Full maiden name Grace E Riddle

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

20. Color or race W | 21. Age at last birthday 23 (Years)

22. Birthplace (city or place) Nelson (State or country) Okla

OCCUPATION

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

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

Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living 3 (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 or stillborn) at ..... m. on the date above stated

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

(Signed) Emma Whipple, M. D.

or ....., Midwife

Address Show Low

Filed 12-8-32, 19.... Emma Whipple Registrar

If name added from supplemental report 174-1105-795 (Date of)

..... Registrar.