ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 322

Registered No.

OF BIRTH

Navajo State Arizona

Township or Village

Holbrook No. St. Ward

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

of child Benjamin Thomas Malone (If child is not yet named, make supplemental report, as directed.

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 11 - 10 - 32 (Month Day Year)

FATHER

Alpha N. Malone

place of abode) Holbrook

resident, give place and state. Ariz

race

11. Age at last birthday 49 (Years)

place (city or place) Eldon

or country) Mo.

pation Rancher

of industry

MOTHER

14. Full maiden name Sylvia Williams

15 Residence (Usual place of abode) Holbrook

If non-resident, give place and state. Ariz

16 Color or race White

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) (State or country) Arkansas

19. Occupation Nature of industry Housewife

ber of children of this mother ✓

s of time of birth of child herein and including this child.)

(a) Born alive and now living ✓

(b) Born alive but now dead 0

(c) Stillborn 1 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated (Born alive or stillborn.)

n there was no attending physician ife, then the father, householder, ould make this return. A stillborn one that neither breathes nor ther evidence of life after birth.

Signature H R Wilson MD

Holbrook (Physician or Midwife)

he added from nental report 245-1110-262 Month, day, year

Address Holbrook Ariz

Registrar

Filed 12/6/ 1932

J. W. Gothard Registrar