Item #2 and #4 added by affidavit of the registrand and his Certificate of Blessing 4-21-70 CRW

CERTIFICATE AMENDED SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village Payson Ariz

City No. St. Ward

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

2. Full name of child Ronald Ray Randall

{ 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 2

6. Legitimate? Yes

7. Date of birth 12-12-32 (Month Day Year)

8. FATHER

Full name Melvin Randall

9. Residence (Usual place of abode) Pine, Ariz

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Arizona (State or country)

13. Occupation Nature of Industry Laborer

14. MOTHER

Full maiden name ~~Era~~ Evva Grant

15. Residence (Usual place of abode) Pine Ariz

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 19 (Years)

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

19. Occupation Nature of Industry H.W.

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

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 1:45 a.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 C. H. Reaser M.D. (Physician or midwife).

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

Address Payson Ariz

993-1212-573 Registrar

Filed 12/14, 1932 C. H. Reaser Registrar

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 number of each in order of birth stated.