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 a number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 101

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village Payson

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 Nathan Edward Ellison (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 1

6. Legitimate? Yes

7. Date of birth 12 13 32 (Month Day Year)

8. FATHER

Full name Edward Ellison

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

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 30 (Years)

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

13. Occupation Nature of industry Cowman

14. MOTHER

Full maiden name Helen Gosvich

15. Residence (Usual place of abode) Globe Ariz

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 27 (Years)

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

19. Occupation Nature of industry H W

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 (Born alive or stillborn.) at 8:45 a.m. on the date above stated

* 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 Risser M.D.

Payson Ariz (Physician or midwife).

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

Address

555-1213-872 Registrar

Filed 12/15 1932 C H Risser Registrar