PLACE OF BIRTH

1. County of Navajo
District of Heber
Town of Heber
or
City of _____ No. _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 3540
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Mabel Porter
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female | 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 March 29 1933 (Month Day Year)

8. FATHER
Full name James Leslie Porter

9. Residence (Usual place of abode) Heber
If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 34 (Years)

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

13. Occupation Farmer & Stock
Nature of industry Raising

14. MOTHER
Full maiden name Alice Letha Bowler

15. Residence (Usual place of abode) Heber
If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 32 (Years)

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

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.) | (a) Born alive and now living _____ (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 alive (Born alive or stillborn) at 10:30 P 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 J. M. Ridgewood M.D. (Physician or midwife)
Address Snowflake

Given name added from a supplemental report 479-329-129 (Month, day, year) Filed _____ 19 _____ Mrs. Alice Porter Local Registrar.

_____ Registrar Filed _____ 19 _____ _____ County Registrar.