1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

353

State File No. _____

Registered No. _____

County Navajo State Arizona

Township _____ or Village _____

City Snowflake No. _____ St. _____ Ward

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

2. Full name of child Violet Marie Ramsay [If child is not yet named, make supplemental report, as directed]

3. Sex F. | 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 May 13, 1933 (Month, day, year)

FATHER

9. Full name Ralph Victor R. Ramsay

10. Residence (usual place of abode) (If non-resident, give place and State) Snowflake

11. Color or race W. | 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) Snowflake (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 Nancy Ann Baird

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

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

22. Birthplace (city or place) Lovelake (State or country) Ariz.

OCCUPATION

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

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 _____

7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

8. 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 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.

(Signed) J. N. Heywood

or _____ Midwife

Address Snowflake

Filed May 24th, 1933 J. H. Trapp Registrar.

Given name added from supplemental report _____ (Date of)

_____ Registrar.

598-513-524