ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 268

Registered No.

1. PLACE OF BIRTH

County Navajo State

Township or Village

City Show Low No. St. Ward

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

2. Full name of child Vivian B Woolford [If child is not yet named, make supplemental report, as directed]

3. Sex Female | 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 29, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Charles B Woolford	18. Full maiden name Edna Savage
10. Residence (usual place of abode) (If non-resident, give place and State) Show Low	19. Residence (usual place of abode) (If non-resident, give place and State) Show Low
11. Color or race White	20. Color or race White
12. Age at last birthday 49 (Years)	21. Age at last birthday 43 (Years)
13. Birthplace (city or place) Millville	22. Birthplace (city or place) Snowflake
(State or country) New Jersey	(State or country) Ariz
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cannon Lab	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead one (c) Stillborn

28. 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 (Born alive or stillborn) at m. on the date above stated

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.]

(Signed) Laura S Stratton, M. D.

or , Midwife

Address Show Low

Given name added from a supplemental report (Date of)

Registrar.

Filed , 19 Emma Whipple Registrar.

564-529-525