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 the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103

County Registrar No.

Local Registrar No. 38

PLACE OF BIRTH

1. County of Gila

District of

Town of Pine

or

City of ..... No. ..... St. ..... Ward

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

2. Full name of child Lorance Allen McClendon (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 4 | 6. Legitimate? Yes | 7. Date of birth 7 - 16 - 33 (Month Day Year)

8. FATHER

Full name Howard McClendon

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

10. Color or race White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Roxburgh (State or country) Idaho

13. Occupation Nature of industry Labor

14. MOTHER

Full maiden name Roxie Eliza Allen ~~Roxie Eliza McClendon~~

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

16. Color or race White | 17. Age at last birthday 25 (Years)

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

19. Occupation Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(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 ..... (Born alive or stillborn) at 9.10 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 Katie C. Miller (Physician or midwife).

Address Pine Arizona

Given name added from a supplemental report ..... (Month, day, year) Filed July 22 1933 Frank C. Randall Local Registrar.

Frank C. Randall Registrar

Filed ..... 19.... County Registrar

345-716-915