SUPPLEMENTAL REPORT

PLACE OF BIRTH

1. County of Navajo

District of No 6

Town of Taylor

or

City of Arizona

ARIZONA STATE BOARD OF HEALTH

332

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

County Registrar No.

Local Registrar No.

No. St. Ward

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

2. Full name of child Delos P. Shumway

(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 X

5. No., in order of birth X

6. Legitimate? yes

7. Date of birth 10 (Month) 5 (Day) 1933 (Year)

8. FATHER

Full name Ray Shumway

9. Residence (Usual place of abode)

If non-resident, give place and state. Taylor Ariz.

10. Color or race White A

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Taylor

(State or country) Ariz.

13. Occupation

Nature of industry Farming

14. MOTHER

Full maiden name Elizabeth Shumway

15. Residence (Usual place of abode)

If non-resident, give place and state. Taylor

16. Color or race White A

17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Shumway

(State or country)

19. Occupation

Nature of industry House wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 6

(a) Born alive and now living 5

(b) Born alive but now dead 1

(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 alive (Born alive or stillborn) at 9.20 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 Harriet Allen (Physician or midwife).

Address Taylor Arizona

Given name added from a supplemental report ..... Filed ..... 19.....

Month, day, year

Registrar

Filed Oct 12, 1933 E. M. Hartshorn

Local Registrar.

County Registrar.

728-1005-525

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Be sure to make one of more than one child at a birth, a SEPARATE RETURN, and the number of each in order on each station.