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.

PLACE OF BIRTH

County of Navajo

District of Linden

Town of

or

City of

ARIZONA STATE BOARD OF HEALTH 400

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

County Registrar No.

Local Registrar No. 8

No. St. Ward

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

Full name of child Albert Davis Rogers

If child is not yet named, make supplemental report, as directed.

Sex of Child: male

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 Oct 17 1933 (Month day year)

FATHER	MOTHER
8. Full name Willard Alvin Rogers	14. Full maiden name Etta Pearl Crandell
9. Residence (Usual place of abode) Linden	15. Residence (Usual place of abode) Linden
If nonresident, give place and state Ariz.	If nonresident, give place and state Ariz.
10. Color or race white	16. Color or race white
11. Age at last birthday 32 (Years)	17. Age at last birthday 29 (Years)
12. Birthplace (city or place) Snowflake (State or country) Ariz.	18. Birthplace (city or place) Taylor (State or country) Ariz.
13. Occupation Nature of industry Farmer	19. Occupation Nature of industry Housewife

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 3
(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 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 evidences of life after birth.

Signature J. N. Heywood (Physician or midwife)

Address Snowflake

Given name added from a supplemental report Month, day, year.

Filed Oct 31, 1933 Etta Rogers Local Registrar.

Filed Oct 31, 1933

Registrar. County Registrar.

192-1017-533