V. S. No. 2

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.

PLACE OF BIRTH

1. County of Navajo

District of

Town of Linden

or

City of No. St. Ward)

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

ARIZONA STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

Co. Registrar No.

Local Registrar No. 9

2. Full name of child Floyd LeOn Kartchner } 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

6. Legitimate? Yes

7. Date of birth Oct 18 '33 (Month, day, year)

FATHER

8. Full name Nowlin D. Kartchner

9. Residence (Usual place of abode) If nonresident, give place and State Linden, Ariz.

10. Color or race White

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Colonial Diaz (State or country) Mexico

13. Occupation Nature of industry Farmer

MOTHER

14. Full maiden name Leora Turley

15. Residence (Usual place of abode) If nonresident, give place and State Linden, Ariz.

16. Color or race White

17. Age at last birthday 29 (Years)

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

19. Occupation Nature of industry School Teacher

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 2 (b) Born alive but now dead 1 (c) Stillborn

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 12 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 J. M. Heywood (Physician or midwife)

Address Snowflake

Given name added from a supplemental report (Month, day, year)

Filed Nov 4, 1933 Ella Rogers Local Registrar.

Registrar.

Filed 19 County Registrar.

629-1018-336