ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 404

Registered No.

County Navajo State

Township or Village

City Show Low No. St. Ward

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

2. Full name of child George Albert Pennod (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 Oct 23 1933 (Month, day, year)

FATHER

9. Full name Albert Jerry Pennod

10. Residence (usual place of abode) (If non-resident, give place and State) Show Low

11. Color or race White | 12. Age at last birthday 43 (Years)

13. Birthplace (city or place) Marysvale (State or country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Car Labor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Katie Adams

19. Residence (usual place of abode) (If non-resident, give place and State) Show Low

20. Color or race White | 21. Age at last birthday 39 (Years)

22. Birthplace (city or place) Show Low (State or country) Ariz

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19

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 4 (b) Born alive but now dead 0 (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) Emma Whipple, M. D.

or , Midwife

Address Show Low

Given name added from a supplemental report (Date of)

Registrar.

Filed 19 Emma Whipple Registrar.

774-1023-212

N. B.—In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each, and the number of each in order of birth stated.