443

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County: Navajo State: Ariz

Township: _____ or Village: _____

City: _____ No. _____ St. _____ Ward _____

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

2. Full name of child: Inez Stapley (If child is not yet named, make supplemental report, as directed)

3. Sex: F. Plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth: Nov. 14, 1933 (Month, day, year)

FATHER

9. Full name: McHenry Stapley

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

11. Color or race: W. 12. Age at last birthday: 44 (Years)

13. Birthplace (city or place) (State or country): Mesa Ariz.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Timber dealer

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

16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work: 12

MOTHER

18. Full maiden name: Bessie Ramsay

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

20. Color or race: W. 21. Age at last birthday: 34 (Years)

22. Birthplace (city or place) (State or country): Snowflake Ariz.

OCCUPATION

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

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

25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work: 14

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 6 (b) Born alive but now dead: 0 (c) Stillborn: 0

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 alive (Born alive or stillborn) at 9:55 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) J. M. Haywood M. D.

or _____ Midwife

Address Snowflake

Given name added from a supplemental report _____ (Date of) _____ Registrar.

Filed Dec 6 1933 J. H. Fant Registrar.

928-1114-298