ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 4522

Registered No. 14

1. PLACE OF BIRTH

County Navajo State Ariz

Township or Village

City Winslow No. 907 Warren Ave St. Ward

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

2. Full name of child Bobbie Florene McFarland (If child is not yet named, make supplemental report, as directed)

3. Sex female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term X | 7. Legitimate? X | 8. Date of birth 11-27-33, 19 (Month, day, year)

FATHER

9. Full name Henry Calvin McFarland

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

11. Color or race white | 12. Age at last birthday 56 (Years)

13. Birthplace (city or place) (State or country) Texas.

OCCUPATION

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

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 Claudie May Casner

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

20. Color or race white | 21. Age at last birthday 40 (Years)

22. Birthplace (city or place) Haskell County (State or country) Texas

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.

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 9 (b) Born alive but now dead 2 (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 4:00 pm m. on the date above stated

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

Given name added from a supplemental report 264-1127-339 (Date of)

(Signed) Robert M Stump, M. D.

or Midwife

Address Winslow Ariz

Filed 1-22, 1934 Eva E. Bozell, Registrar.

L. S.

Registrar.

Must be made for each, and the number of each in order of birth stated.