ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1

Registered No.

1. PLACE OF BIRTH

County Apache State Arizona

Township or Village

City St. Johns No. St. Ward

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

2. Full name of child Paul Richard Rencher (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 yes | 7. Legitimate? yes | 8. Date of birth April 7, 1934 (Month, day, year)

FATHER

9. Full name George A Rencher

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

11. Color or race White 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) St. Johns, Arizona (State or country)

OCCUPATION

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

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

16. Date (month and year) last engaged in this work Jan, 1934 17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Elda Bloomfield

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

20. Color or race White 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Kanah, New Mexico (State or country)

OCCUPATION

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

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

25. Date (month and year) last engaged in this work March, 1934 26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (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 (Born alive or stillborn) at 11:45 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) , M.D.

or Elizabeth Malloy, Midwife

Address St. Johns, Arizona

Given named added from a supplemental report (Date of)

Registrar

Filed Apr 7, 1934 Y. J. Juedes Registrar

TFA — 7107 — 5211

number of each in order of birth stated. Blank spaces must be made for each, and the