AMENDMENT ATTACHED

317

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 ARIZONA

Township ..... or Village .....

City Show Low No. ..... St. ..... Ward

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

2. Full name of child Elwin B Ellsworth (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 2 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth April 19, 1934 (Month, day, year)

FATHER

9. Full name Elwin Ellsworth

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 42 (Years)

13. Birthplace (city or place) Show Low (State or country) Arizona

OCCUPATION

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

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 42

MOTHER

18. Full maiden name Dixie May Brimhall

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 40 (Years) 40

22. Birthplace (city or place) Taylor (State or country) Ariz.

OCCUPATION

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

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

25. Date (month and year) last engaged in this work May, 1929

26. Total time (years) spent in this work 9

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (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 alive (Born alive or stillborn) at 7 A M 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. N. Heywood, M. D.

or ....., Midwife

Address Snowflake

Filed May 7, 1934 Emma J Whipple Registrar.

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

S 37 - 419 - 423 Registrar.

10M 1-31-34 MS—49982 FORM NO. 2

each, and the number of each