MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

306

State File No. .....

Registered No. 9

1. PLACE OF BIRTH

SUPPLEMENT ATTACHED

County Navajo State Arizona

Township ..... or Village Lakeside

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 ..... (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 July 8, 1934 (Month, day, year)

FATHER	MOTHER
9. Full name Ellis Lane Gillespie	18. Full maiden name Edna Elvora Earl
10. Residence (usual place of abode) (If non-resident, give place and State) Lakeside Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) Lakeside Arizona
11. Color or race White 12. Age at last birthday 42 (Years)	20. Color or race White 21. Age at last birthday 39 (Years)
13. Birthplace (city or place) Pinedale (State or country) Arizona	22. Birthplace (city or place) Luna (State or country) New Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19.. 17. Total time (years) spent in this work 12	25. Date (month and year) last engaged in this work ....., 19.. 26. Total time (years) spent in this work 17

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 3 (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 9.30 P. 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 Loretta E. Hansen, Midwife

Address Lakeside

Filed July 9, 1934 Loretta E. Hansen, Registrar.

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

..... Registrar.

475-705-553 - ✓