SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 4/14a
Registered No. 690
Arizona

1. PLACE OF BIRTH

County: Maricopa State: Arizona

Township: or Village:

City: Tempe No. 1½ mi. west Tempe Ariz. St. Ward

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

2. Full name of child: Nancy Zoe Chennault

(If child is not yet named, make supplemental report, as directed)

3. Sex: F

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: Aug 31, 1924 (Month, day, year)

FATHER

9. Full name: John Lawrence Chennault

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

11. Color or race: wh.

12. Age at last birthday: 36 (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.: Ranching

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: Edgalee Mitchell

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

20. Color or race: wh.

21. Age at last birthday: 36 (Years)

22. Birthplace (city or place) (State or country): Oklahoma

OCCUPATION

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

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: 3 (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 Born alive (Born alive or stillborn) at 9:45 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 I Edgalee Chennault, mother, Midwife

Address Tempe, Arizona

Given name added from a supplemental report 533-831-543 (Date of)

Filed Nov 13, 1924 Geo. B. Sylvester Registrar.

Registrar.

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.

WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM 2-6-31 M-8-4931