ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 432

Registered No.

County Navajo State Ariz

Township or Village

City Snowflake No. St. Ward

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

2. Full name of child Vincent Lewis Wasson (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 X | 7. Legitimate? X | 8. Date of birth Aug 10, 1934 (Month, day, year)

FATHER

9. Full name Reese Perry Wasson

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

11. Color or race white | 12. Age at last birthday 38 (Years)

13. Birthplace (city or place) Hartsville (State or country) Pope Co Illinois

OCCUPATION

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

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

16. Date (month and year) last engaged in this work Aug 15, 1934 | 17. Total time (years) spent in this work 18

MOTHER

18. Full maiden name Priscilla Willis

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

20. Color or race white | 21. Age at last birthday 38 (Years)

22. Birthplace (city or place) Snowflake (State or country) Navajo Co Ariz

OCCUPATION

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

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 Aug 15, 1934 | 26. Total time (years) spent in this work 16.

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 1 (c) Stillborn 0

28. If stillborn, period of gestation 0 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 1:30 P. m. on the date above stated

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

Given name added from a supplemental report 565-810-762 (Date of)

Registrar.

(Signed) J. N. Keywood, M. D.

or Midwife

Address Snowflake

Filed Aug 16, 1934 J. H. Frost 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.

WHEN ARIZONA WAS UNFADING INK—THIS IS A PERMANENT RECORD