PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

442

1. County of Navajo
District of
Town of Taylor
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No.
County Registrar No.
Local Registrar No.

2. Full name of child ..... { If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Aug. 23, 1934 (Month Day Year)

8. FATHER	14. MOTHER
Full name William Henry Solomon	Full maiden name Idell Hatch
9. Residence (Usual place of abode) If non-resident, give place and state. Taylor	15 Residence (Usual place of abode) If non-resident, give place and state. Taylor
10. Color or race: White	16 Color or race: White
11. Age at last birthday 44 (Years)	17. Age at last birthday 31 (Years)
12. Birthplace (city or place) Taylor (State or country) Arizona	18. Birthplace (city or place) Taylor (State or country) Arizona
13. Occupation Nature of Industry Stockman	19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

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 8:20 a.m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. N. Heywood (Physician or ~~midwife~~).
Address Snowflake

Given name added from a supplemental report ..... Month, day, year

Filed Sept 8, 1934 E M Kartchner Local Registrar.

..... Registrar

Filed ....., 19.... ..... County Registrar.

225-823-986