AMENDMENT ATTACHED

466

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County: Dixie Lee Freeman State: ARIZONA

Township: or Village:

City: Snowflake 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: F

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: ✓

7. Legitimate?: yes

8. Date of birth: Sept. 10, 1934 (Month, day, year)

FATHER

9. Full name: Rial Freeman

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

11. Color or race: W

12. Age at last birthday: 30 (Years)

13. Birthplace (city or place): Snowflake (State or country): Arizona

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

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: Fauna Standifird

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

20. Color or race: W

21. Age at last birthday: 28 (Years)

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 wife

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: 4 (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 9:20 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) J. M. Kaufwood, M. D.

or, Midwife

Address: Snowflake

Filed 2nd Oct. 1934 J. H. Frost Registrar.

Given name added from a supplemental report (Date of)

Registrar.

10M 1-31-34 MS—49982 FORM NO. 2

065-910-602