PLACE OF BIRTH

1. County of Navajo
District of No 6
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)

ARIZONA STATE BOARD OF HEALTH

470

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Eldrena Forr (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Girl | 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 9-14-34 (Month Day Year)

8. Earnest FATHER
Full name Eldren Forr

9. Residence (Usual place of abode)
If non-resident, give place and state. Dead

10. Color or race White | 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Colonia Dublin Chihuahua MEX (State or country)

13. Occupation
Nature of industry Deceased

14. MOTHER
Full maiden name Ila Palmer Forr

15. Residence (Usual place of abode)
If non-resident, give place and state. Holbrook Ariz

16. Color or race White | 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) (State or country) Taylor

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 1
(b) Born alive but now dead .....
(c) Stillborn .....

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 12:10 P.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 Oct 4th, 1934 E M Kartchner Local Registrar.

..... Registrar

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

S69-914-969