467

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.....

Registered No.....

1. PLACE OF BIRTH

County Navajo State Ariz

Township ..... or Village .....

City Show Low No. ..... St. ..... Ward

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

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

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 5 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 4, 1944 (Month, day, year)

FATHER

9. Full name William H Lewis

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

11. Color or race White | 12. Age at last birthday 47 (Years)

13. Birthplace (city or place) Taylor (State or country) Ariz

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

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 Nancy Whipple

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

20. Color or race White | 21. Age at last birthday 41 (Years)

22. Birthplace (city or place) Show Low (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 5 (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 ..... (Born alive or stillborn) at ..... 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 supplemental report 532-1004-565 (Date of)

(Signed) ....., M. D.

or Emma Whipple, Midwife

Address Show Low Ariz

Filed ....., 19.... Emma Whipple Registrar.

..... Registrar.