ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 525

Registered No.

County Navajo State

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 Nuana Whipple (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 | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Nov 21, 1934 (Month, day, year)

FATHER	MOTHER
9. Full name Orson T Whipple	18. Full maiden name Grace Randell
10. Residence (usual place of abode) (If non-resident, give place and State) Show Low Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Show Low Ariz
11. Color or race White	20. Color or race White
12. Age at last birthday 30 (Years)	21. Age at last birthday 29 (Years)
13. Birthplace (city or place) (State or country) Show Low Ariz	22. Birthplace (city or place) (State or country) Pine Ariz
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HouseWife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	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 (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.)

(Signed) Emma Whipple, M. D.

or Show Low Ariz, Midwife

Address

Given name added from a supplemental report (Date of)

Filed Dec 10, 1934 Emma J Whipple Registrar.

Registrar.

465-1171-793