ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

529

State File No. .....

Registered No. .....

1. PLACE OF BIRTH

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 Vaughn Rue Mills (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 Dec 22, 1934 (Month, day, year)

FATHER

9. Full name Eph Mills

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 32 (Years)

13. Birthplace (city or place) (State or country) Show Low Ariz

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Labor

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mellie Penrod

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

20. Color or race White | 21. Age at last birthday 29 (Years)

22. Birthplace (city or place) (State or country) Pinetop Ariz

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

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 One (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, Midwife

Address .....

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

Given name added from a supplemental report ..... (Date of)

..... Registrar.

542-1222-474

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.