Given name Added by supplement 8 26

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County Apache State ARIZONA

Township or Village

City St. Johns No. St. Ward

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

2. Full name of child Vera Heap (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 X | 7. Married? Yes | 8. Date of birth Sept. 27, 1935 (Month, day, year)

FATHER	MOTHER
9. Full name: Henry Ward Heap	18. Full maiden name: Etta Berry
10. Residence (usual place of abode) (If non-resident, give place and State): St. Johns, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State): St. Johns, Ariz.
11. Color or race: White 12. Age at last birthday: 46 (Years)	20. Color or race: White 21. Age at last birthday: 41 (Years)
13. Birthplace (city or place) (State or country): St. Johns, Arizona	22. Birthplace (city or place) (State or country): St. Johns, Arizona
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stockman	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 17. Total time (years) spent in this work	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 10 (b) Born alive but now dead 0 (c) Stillborn 3

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 (Born alive or stillborn) at 2 A. 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 a supplemental report 587-927-528 (Date of)

T. J. Bouldin Registrar.

(Signed) T. J. Bouldin, M. D.

or, Midwife

Address T. J. Bouldin

Filed Sept. 30, 1935

Registrar.

10M—9-1-34 FORM No. 2

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.