ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 556

Registered No. 96

1. PLACE OF BIRTH

County: Navajo State: ARIZONA

Township: or Village:

City: Winslow No. Dr Wright's Emergency Hospital Ward

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

2. Full name of child: Patricia Louise Mead (If child is not yet named, make supplemental report, as directed)

3. Sex: Female

If plural births: 4. Twin, triplet, or other: 1 5. Number, in order of birth: 2

6. Premature: Full term: yes

7. Is mother married: yes

8. Date of birth: 8-22, 1936 (Month, day, year)

FATHER

9. Full name: Bert Howard Mead

10. Residence (usual place of abode) (If non-resident, give place and State): Winslow, Ariz

11. Color or race: Amer 12. Age at last birthday: 24 (Years)

13. Birthplace (city or place): Fullerton (State or country): Calif

OCCUPATION

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

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

16. Date (month and year) last engaged in this work: Jun 2-2, 1936

17. Total time (years) spent in this work: 4 yrs

MOTHER

18. Full maiden name: Rose Mary Michelbach

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

20. Color or race: Amer 21. Age at last birthday: 22 (Years)

22. Birthplace (city or place): Flagstaff (State or country): Ariz

OCCUPATION

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

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

25. Date (month and year) last engaged in this work: 8-22, 1936

26. Total time (years) spent in this work: 4 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (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 (Born alive or stillborn) at 9:40 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 (Date of)

(Signed) Myron G. Wright, M. D.

or Midwife

Address Winslow, Arizona

Filed Aug 27, 1936 Lorna Drumm Registrar.

Registrar.

10M 2-5-35 Form No. 2 MS