Child's name added by supplement E.J.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 4

Registered No.

County Apache State ARIZONA

Township or Village Eagar

City No. St. Ward

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

2. Full name of child Lewis Oscar Eagar (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 X | 7. Is mother married? Yes | 8. Date of birth Oct 2, 1936 (Month, day, year)

FATHER

9. Full name Ross Albert Eagar

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

11. Color or race White | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) Eagar (State or country) Arizona

OCCUPATION

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

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

16. Date (month and year) last engaged in this work 9/28, 1936 | 17. Total time (years) spent in this work 1

MOTHER

18. Full maiden name Ellen Jepson

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

20. Color or race White | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Alpine (State or country) Arizona

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 10-1, 1936 | 26. Total time (years) spent in this work 6 1/2 yrs

27. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 12 50 A.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) G. E. Maxwell, M. D.

or, Midwife

Address Springerville Ariz.

Given name added from a supplemental report (Date of)

359-1002-515 Registrar.

Filed Nov 10, 1936 Mrs H. H. Feaster Registrar.

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.

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