I. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 25

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 Saverl Eagar Ashcroft (If child is not yet named, make supplemental report, as directed)

3. Sex M | If plural births: 4. ~~Twin, triplets~~, or other 5. Number, in order of birth | 6. Premature no Full term yes | 7. Is mother married? yes | 8. Date of birth Jan 24, 1937 (Month, day, year)

FATHER	MOTHER
9. Full name Wallace Ashcroft	18. Full maiden name Beulah Eagar
10. Residence (usual place of abode) (If non-resident, give place and State) Eagar Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Eagar Arizona
11. Color or race W	20. Color or race W
12. Age at last birthday 27 (Years)	21. Age at last birthday 23 (Years)
13. Birthplace (city or place) Ramah (State or Country) New Mexico	22. 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	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Truck	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Feb 1, 1937	25. Date (month and year) last engaged in this work Feb 1, 1937
17. Total time (years) spent in this work 6 mo.	26. Total time (years) spent in this work 6 yrs

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 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 alive (Born alive or stillborn) at 5:20 p m. on the date above stated

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

(Signed) J. Bouldin, M. D.

or ....., Midwife

Address St Johns Ariz

Filed Feb. 10, 1937 Mrs H. H. Sapster, Registrar.

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

..... Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag

313-124-259

In order of birth stated.