

ARIZONA STATE BOARD OF HEALTH

577

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No.

STANDARD CERTIFICATE OF BIRTH

Registered No.

County Navajo State ARIZONA
 Township _____ or Village _____
 City Showlow No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sally Reidhead } If child is not yet named, make supplemental report, as directed

3. Sex <u>female</u>	If plural births	4. Twin, triplets, or other	6. Premature	7. Is mother married? <u>Yes</u>	8. Date of birth <u>June 22nd 1938</u> <small>(Month, day, year)</small>
		5. Number, in order of birth	Full term <u>Yes</u>		

9. Full name Charles Royce Reidhead FATHER
 10. Residence (usual place of abode) Showlow
(If non-resident, give place and State)
 11. Color or race white 12. Age at last birthday 37 (Years)
 13. Birthplace (city or place) Taylor
(State or Country) Arizona
 OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 16. Date (month and year) last engaged in this work

18. Full maiden name Olive Butler MOTHER
 19. Residence (usual place of abode) Showlow
(If non-resident, give place and State)
 20. Color or race white 21. Age at last birthday 29 (Years)
 22. Birthplace (city or place) Pima
(State or Country) Arizona
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 25. Date (month and year) last engaged 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 (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 alive (Born alive or stillborn) at 29 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. H. Kaywood, M. D.
 or _____, Midwife
 Address Snowflake
 Filed 8-8-38 19 Emma Whiffle Registrar

Given name added from a supplemental report _____
294-622-629 (Date of) _____
 Registrar