1083

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. This certificate must be filed by the attending Physician or Midwife with the Local registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 247

CERTIFICATE OF BIRTH. Ter. Index No. [redacted]

PLACE OF BIRTH

County of Navajo

District of Pinetop

Town of Pinetop

or

City of

Register No. 383

(No. St.; Showlow Ward)

FULL NAME OF CHILD Dewey Grant Penrod

If child is not named, make Supplemental report on blank obtainable from local registrar.

Born Alive Yes X No

Sex of Child male | Twin, Triplet or other one and Number in order of birth fifth | Legitimate? yes | Date of Birth Dec. (Month) 7 (Day) 1910 (Year)

FATHER		MOTHER	
Full Name	Liona Penrod	Full Maiden Name	Marcena Penrod
Residence	Pinetop	Residence	Pinetop
Color or Race	White	Color or Race	White
Age at last Birthday	39 (Years)	Age at last Birthday	28 (Years)
Birthplace	Utah	Birthplace	Showlow
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec. 7th, 1910, at 4.50 M

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Loretta Hansen
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report ..... 19.....

Filed Dec 20 1910

Address Lakeside

[illegible]
LOCAL REGISTRAR.

474-1207-474
COUNTY REGISTRAR.

Filed Dec 27 1910

[illegible]
COUNTY REGISTRAR.