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# ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Tw. Index No. 244 ~~205~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 163

Local Registrar's No. ____

**PLACE OF BIRTH**

County of Navajo

District of ____

Town of Woodruff
or
City of ____

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Melvin Gardner — Born Alive: YES / NO

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

Sex of Child: male | Twin, Triplet or other: and | Number; in order of birth: 3d | Legitimate: yes | Date of Birth: June 7 (Month) (Day) 1913 (Yr.)

**FATHER**

Full Name: George E Gardner

Residence: ____

Color or Race: white

Age at last Birthday: 31 (Years)

Birthplace: Juba

Occupation: farmer

**MOTHER**

Full Maiden Name: Lois Howard

Residence: Woodruff

Color or Race: white

Age at last Birthday: 25 (Years)

Birthplace: Utah

Occupation: housewife

Number of child of this mother: 3d | Number of children, of this mother, now living: 3d | Were Precautions taken against Ophthalmia neonatorum? no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, June 7 1913, at 4 P.M.

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

(Signature) Susannah Howard
(Attending physician, midwife, householder. *)

Address Woodruff

Given or christian name added from a supplemental report ____ 191__

Filed ____ 191__

LOCAL REGISTRAR: L S Howard

479 — 607 — 3864
COUNTY REGISTRAR

Filed 8-16 1913

COUNTY REGISTRAR: J M Bazell

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 3 days after birth.

This is a Permanent Record.