

9439

PLACE OF BIRTH ARIZONA TERRITORIAL BOARD OF HEALTH
 County of Navajo BUREAU OF VITAL STATISTICS. 298
 District of Show Low ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 32
 Town of Show Low Local Registrar's No. _____
 or _____
 City of _____

(No. _____) St; _____ Ward) _____
 FULL NAME OF CHILD Lena Vivien Burk { Born } YES
 { Alive } ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.
 Sex of Child Female { Twin, Singleton or other } and { Number; in order of birth } 1 Legiti- mate? yes Date of Birth March 11, 1914
 (Month) (Day) (Yr)

FATHER		MOTHER	
Full Name	<u>Charles L. Burk</u>	Full Maiden Name	<u>Lena H. McBride</u>
Residence	<u>Show Low Ariz</u>	Residence	<u>Show Low Ariz</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>32</u> (Years)	Age at last Birthday	<u>27</u> (Years)
Birthplace	<u>Springville Ariz</u>	Birthplace	<u>Moab, Utah</u>
Occupation	<u>Farmer</u>	Occupation	<u>Housewife</u>

Number of child of this mother 4 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 March 11, 1914, at P. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Mrs. M. C. Ramsay
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191_____
 322-311-345
 COUNTY REGISTRAR
 Filed _____ 191_____
 Address John L. Hillis
 LOCAL REGISTRAR
 Filed _____ 191_____
John Marshall
 COUNTY REGISTRAR