

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Navajo State Index No. 404
District of _____ Co. Register No. 138
Town of Snowflake ORIGINAL CERTIFICATE OF BIRTH Local Registrar's No. _____
or _____ (No. _____ St: _____ Ward) _____
City of _____

FULL NAME OF CHILD Melba Flake { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child <u>female</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>3</u>	Legitimate? <u>ye</u>	Date of Birth <u>July 6</u> 19 <u>17</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>John H. Flake</u>	Full Maiden Name <u>Carrie Lindsey</u>	Residence <u>Snowflake</u>	Residence <u>Snowflake</u>
Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>38</u> (Years)
Birthplace <u>Arizona</u>	Occupation <u>Farmer</u>	Birthplace <u>Arkansas</u>	Occupation <u>housewife</u>

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 6 1917, at 8 P.M.

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

(Signature) Amie Nelson
(Attending physician, midwife, householder.)*

When or Christian name added from a _____

Address Taylor

Supplemental report _____ 1917

Filed July 31 1917

J. P. Freeman
LOCAL REGISTRAR.

169-706-3396
COUNTY REGISTRAR.

Filed 8/28 1917

True Copy
J. M. Bayll
COUNTY REGISTRAR.