

4325

PLACE OF BIRTH  
County of Navajo  
District of Taylor  
Town of Taylor  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 425  
Co. Register No. \_\_\_\_\_  
Local Registrar's No. 65

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
FULL NAME OF CHILD Corenjo Jack Standiford } Born } YES  
 } Alive } NO  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of child Male } and } Number in order of birth \_\_\_\_\_ } Legitimate? \_\_\_\_\_ } Date of Birth Apr 1 1919  
(Month) (Day) (Yr.)

FATHER			MOTHER		
Name	<u>Aquilla F. Standiford</u>	Full Maiden Name	<u>Leva F. Standiford</u>	Name	<u>Hunt</u>
Residence	<u>Taylor Ariz</u>	Residence	<u>Taylor Ariz</u>	Residence	<u>Taylor Ariz</u>
Age at last Birthday	<u>41</u> (Years)	Age at last Birthday	<u>303</u> (Years)	Age at last Birthday	<u>303</u> (Years)
Birthplace	<u>Kanab Utah</u>	Birthplace	<u>Snowflake Ariz</u>	Birthplace	<u>Snowflake Ariz</u>
Occupation	<u>Mason</u>	Occupation		Occupation	

Number of children of this mother..... Number of children, of this mother, now living..... Were precautions taken against Ophthalmia neonatorum?.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Apr 1st 1919, at \_\_\_\_\_ M.  
When there is no attending physician or midwife, then the householder should make this return.

(Signature) Annie Nelson  
(Attending physician, midwife, householder.\*)

Address \_\_\_\_\_  
Telephone or christian name added from a supplemental report.....191.....

Address Taylor  
E. J. Hald  
LOCAL REGISTRAR.

324-401-583  
COUNTY REGISTRAR.

Filed Aug 1 1919

A True Copy  
Filed Aug 5 1919 Luella Thompson  
COUNTY REGISTRAR.