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PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**
 County of Navajo BUREAU OF VITAL STATISTICS State Index No. 134
 District of Lakeside ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 232
 Town of et Local Registrar's No. 12
 or
 City of _____ (No. _____ St.; _____ Ward)

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

Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	Legitimate?	<u>Yes</u>	Date of Birth	<u>Nov 4</u> 19 <u>20</u>
								(Month) (Day) (Yr.)	
FATHER					MOTHER				
Full Name	<u>Lavern West</u>				Full Maiden Name	<u>Delma Colvow</u>			
Residence	<u>Lakeside, Ariz.</u>				Residence	<u>Lakeside</u>			
Color or Race	<u>White</u>	Age at last Birthday	<u>22</u>	(Years)	Color or Race		Age at last Birthday	<u>24</u>	(Years)
Birthplace	<u>Arizona</u>				Birthplace	<u>Ariz.</u>			
Occupation	<u>Shelphman</u>				Occupation	<u>Housewife</u>			
Number of child of this mother	<u>2</u>	Number of Children, of this mother, now living	<u>2</u>	Were precautions taken against Ophthalmia neonatorum?					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 4 1920 at 7 AM.
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) Loetta C. Hansen
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191____
 Address
 Filed Dec 6 1920
John P. Fish
 LOCAL REGISTRAR.
 A True Copy
 Filed Dec 10 1920
563-1104-435
 COUNTY REGISTRAR.
John P. Fish
 COUNTY REGISTRAR.