

673

MIDDLE NAME ADDED BY SUPPLEMENT

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Navajo
Dist. of Lake
Town of Lakeside
or
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 435

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 231

Local Registrar's No. 11

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Nov 5</u> 19 <u>20</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Karl Bates West</u>			Full Maiden Name <u>Iona Hansen</u>		
Residence <u>Lakeside, Ariz</u>			Residence <u>Lakeside, Ariz</u>		
Color or Race <u>White</u>		Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>24</u> (Years)
Birthplace <u>Ariz</u>			Birthplace <u>Ariz</u>		
Occupation <u>Carpenter</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 5 1920 at 7 AM.

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

(Signature) Loetta E. Hansen
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191_____

Address Filed Dec 6 1920

John R. Fish
LOCAL REGISTRAR.

963-1105-985
COUNTY REGISTRAR.

A True Copy Filed Dec 10 1920

William Thompson
COUNTY REGISTRAR.