

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, and the number of each child at a birth, a SEPARATE RETURN must be made for each, and in order of birth stated.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and in order of birth stated.

AMENDMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo BUREAU OF VITAL STATISTICS State Index No. 372
 District of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 136
 Town of Holbrook or _____ Local Registrar No. 10
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elna Brunkerhoff If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 16 1923
 Month Day Year

8. FATHER Full name Levi Brunkerhoff

14. MOTHER Full maiden name Rhoda Turley

9. Residence (Usual place of abode) Woodruff
 If nonresident, give place and state

15. Residence (Usual place of abode) Woodruff
 If nonresident, give place and state

10. Color or race white 11. Age at last birthday 29 (Years)

16. Color or race white 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Tuba
 (State or country) Arizona

18. Birthplace (city or place) Snowflake
 (State or country) Arizona

13. Occupation Farmer
 Nature of industry

19. Occupation House wife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 p.m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Mrs Lydia Howard (Physician or midwife)
 Address Holbrook Arizona

Given name added from a supplemental report _____ Month, day, year. Filed 6-6, 1923 W.B. Board Local Registrar.
 Registrar. Filed 6/7, 1923 J. W. Thompson County Registrar.

526-516-938