

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa  
 District of Show Low  
 Town of Show Low  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. Full name of child Annie Thredge Reidhead (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

State Index No. 476  
 County Registrar No. 6  
 Local Registrar No. \_\_\_\_\_

3. Sex of Child Female 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 Jan 14 1924  
 Month Day Year

8. FATHER  
 Full name Maurice V. Reidhead

14. MOTHER  
 Full maiden name Bell Penrod

9. Residence (Usual place of abode) Show Low  
 If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Show Low  
 If nonresident, give place and state Ariz

10. Color or race White

11. Age at last birthday 35 (Years)

16. Color or race White

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Lissers  
 (State or country) Ariz

18. Birthplace (city or place) Pinetop  
 (State or country) Ariz

13. Occupation  
 Nature of industry Farmer

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 6  
 (b) Born alive but now dead one  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against phthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 a.m. on the date above stated.

\*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 Emma Whipple  
 Address Show Low  
 (Physician or midwife)

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 Filed 2-18- 1924  
Emma Whipple Local Registrar  
J. M. Bazzell County Registrar

144-114-574