

2521

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

1. County of Navajo
District of Linden
Town of _____
or _____
City of _____

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

State Index No. 466
County Registrar No. 79
Local Registrar' No. _____

2. Full name of child Adell Pearce
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
No. _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes } 7. Date of birth Mar. 17 1924
Month Day Year
5. No., in order of birth 4

8. FATHER
Full name James Lowell Pearce
9. Residence (Usual place of abode) Linden
If nonresident, give place and state _____

14. MOTHER
Full maiden name Jone Rogers
15. Residence (Usual place of abode) Linden
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 31 (Years)

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

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

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

13. Occupation
Nature of industry Farming

19. Occupation
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living yes
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at _____ 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 Emma L. Smith
(Physician or midwife)

Address Snowflake Ariz.

ven name added from supplemental report _____
Month, day, year.

Filed Mar 29 1924 Mary Gardner
Local Registrar.

Filed 4-15 1924 J. M. Angel
County Registrar.

Registrar.

175-317-992