

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	
1. County of <u>Apache</u>		BUREAU OF VITAL STATISTICS	
District of <u>Eagar</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Eagar</u>		State Index No. <u>12</u>	County Registrar No. <u>95</u>
or		Local Registrar No. <u>8</u>	
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 <u>Cathelyn Eleanora Burk</u> } If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>June 30 1924</u> Month day year	
8. FATHER Full name <u>Orval James Burk</u>		14. MOTHER Full maiden name <u>Orma Maxwell</u>	
9. Residence (Usual place of abode) <u>Eagar Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Eagar Arizona</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Springerville Arizona</u> (State or country)		18. Birthplace (city or place) <u>Nitrioso Arizona</u> (State or country)	
13. Occupation Nature of industry <u>Labor</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>2</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:30</u> 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 evidences of life after birth.		Signature <u>Mrs W F Lesueur</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Eagar Arizona</u>	
Month, day, year _____		Filed <u>July 31 1924</u> <u>Ellis E. Winsor</u> Local Registrar.	
Registrar. _____		Filed <u>Aug 15 1924</u> <u>J. J. Bouldier</u> County Registrar.	

322-630-943