

553

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 446
County Registrar No. 217
Local Registrar No. _____

1. County of _____
District of _____
Town of _____
or
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 Douce Nellie Frost } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 2nd 6. Legitimate: Yes 7. Date of birth July 6 1924
Month day year

3. FATHER
Full name Jesse Allen Frost
Residence (Usual place of abode) Snowflake Arizona
If nonresident, give place and state _____

14. MOTHER
Full maiden name Dorothy E. Halls
Residence (Usual place of abode) Snowflake Arizona
If nonresident, give place and state _____

10. Color or race White 11. Age at last birthday 27 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

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

18. Birthplace (city or place) Masson Michigan
(State or country)

13. Occupation National Park Ranger
Nature of industry

19. Occupation Housewife
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 3 (b) Born alive but now dead 0 (c) Stillborn 0 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 alive at 9:20 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 J. N. Heywood (Physician or midwife)
Address Snowflake
Given name added from a supplemental report _____
Month, day, year. _____
Filed August 1, 1924 Willie R. Freeman Local Registrar.
Filed 8-11-1924 J. M. Barry County Registrar.

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

463-706-462