[redacted]

amendment attached

PLACE OF BIRTH

1. County of Navajo
District of 5
Town of Snowflake
or
City of Arizona No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 485
County Registrar No. 323
Local Registrar No. .....

2. Full name of child Jesse Mons Broadbent } 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 .....
6. Legitimate? yes
7. Date of birth Oct. 28, 1924 (Month day year)

8. FATHER
Full name Hyrum Broadbent
9. Residence (Usual place of abode)
If nonresident, give place and state Snowflake
10. Color or race: White
11. Age at last birthday 48 (Years)
12. Birthplace (city or place) Wellsville, Utah
(State or country) U. S. A.
13. Occupation
Nature of industry Fireman

14. MOTHER
Full maiden name Lorana Smith
15. Residence (Usual place of abode)
If nonresident, give place and state Snowflake
16. Color or race: White
17. Age at last birthday 35 (Years)
18. Birthplace (city or place) Snowflake
(State or country) Arizona
19. Occupation: Housekeeper
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 Oct 28 Wed (Born alive or stillborn.) at 5 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 evidences of life after birth.

Signature Emma L. Smith (Physician or midwife)
Address Snowflake Ariz.

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

Filed Dec 3, 1924 Nellie R Freeman Local Registrar.
Filed 12-20, 1924 J A Bigler County Registrar.

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.

123-1029.328