

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
 District of _____
 Town of Taylor
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 439
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Bernice Shumway No. _____ St. _____ Ward _____
(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.)

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Sept. 26 1925
 Month Day Year

8. FATHER Full name Jas. Lester Shumway

14. MOTHER Full maiden name Uldene Ramsey

9. Residence (Usual place of abode) Taylor, Ariz.
 If non-resident, give place and state.

15. Residence (Usual place of abode) Taylor, Ariz.
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 35 (Years)

16. Color or race White 17. Age at last birthday 24 (Years)

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

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

13. Occupation Farmer
 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 _____

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 alive at 7:15 a.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 J. N. Heywood (Physician or midwife)
 Address Snowflake, Ariz.

Given name added from a supplemental report _____ Filed _____ 19 _____
 Registrar _____ Filed Oct 1, 1925 Edith Kautchner Local Registrar
 County Registrar

228-926-498

This schedule is to be used in all cases of more than one child at a birth. SEPARATE RETURN must be made for each, and the number of each order of birth stated.