

## PLACE OF BIRTH

1. County of Navajo

District of \_\_\_\_\_

Town of Taylor

or \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

NAME ADDED BY SUPPLEMENT

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 467

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Van L. Shumway (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 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 Dec 15, 1921 Month Day Year8. FATHER  
Full name Charles L. Shumway9. Residence (Usual place of abode) Taylor  
If nonresident, give place and state Ariz.10. Color or race White11. Age at last birthday 41 (Years)12. Birthplace (city or place) Taylor  
(State or country) Ariz.13. Occupation Farmer  
Nature of Industry14. MOTHER  
Full maiden name Myrtle Jennings15. Residence (Usual place of abode) Taylor  
If nonresident, give place and state Ariz.16. Color or race White17. Age at last birthday 37 (Years)18. Birthplace (city or place) Taylor  
(State or country) Ariz.19. Occupation Housewife  
Nature of Industry20. 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 8 (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 \_\_\_\_\_ 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 J. N. Heywood (Physician or midwife)Address J. Snowflake, Ariz.

Given name added from a supplemental report

Month, day, year.

Filed Dec 2 1921 Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

Registrar.

County Registrar.

528-1018-412