NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 462
County Registrar No.
Local Registrar No.

PLACE OF BIRTH
1. County of Navajo
District of
Town of Taylor
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 Bonnie Jeane Oliver { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth Feb. 27 1926 (Month Day Year)

8. FATHER
Full name Clyde Wm Oliver
9. Residence (Usual place of abode) Taylor
If non-resident, give place and state. Ariz
10. Color or race White
11. Age at last birthday 17 (Years)
12. Birthplace (city or place) Showlow
(State or country) Ariz
13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Grace June Wakefield
15 Residence (Usual place of abode) Taylor
If non-resident, give place and state. Ariz
16 Color or race White
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Taylor
(State or country) Ariz
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 1
(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 (Born alive or stillborn.) at 4 30 P. 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 evidence of life after birth.

Signature J. N. Heywood (Physician or midwife).
Address Snowflake, Ariz.

Given name added from a supplemental report ..... Month, day, year
Filed Mar 6, 1926 E M Rautchner
Local Registrar.

..... Registrar
Filed ....., 19.....
..... County Registrar

269-227-764

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR.
MARGIN RESERVED FOR BINDING
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.