

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 406  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Navajo  
District of Lakeside  
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 Marian Delta Amos ) 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. Legitimate? yes } 7. Date of birth May 14 1926  
Month day year

8. FATHER  
Full name Paul E. Amos  
9. Residence (Usual place of abode) Lakeside  
If nonresident, give place and state Ariz.  
10. Color or race \_\_\_\_\_  
11. Age at last birthday 30 (Years)

14. MOTHER  
Full maiden name Mariontha Pennrod  
15. Residence (Usual place of abode) Lakeside  
If nonresident, give place and state Ariz.  
16. Color or race \_\_\_\_\_  
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Snowflake  
(State or country) Arizona  
13. Occupation  
Nature of industry Farmer

18. Birthplace (city or place) Pinetop  
(State or country) Arizona  
19. Occupation  
Nature of industry Housewife

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 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
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 Born alive at 9:30 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.  
Given name added from supplemental report \_\_\_\_\_  
Signature Loretta E. Hansen  
(Physician or midwife)  
Address Lakeside, Arizona

Filed June 4, 1926 John H. Fish  
Local Registrar.  
County Registrar.

6112 - 514 - 474

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.