

N. B.—In case of more than one child at a birth, a SEPARATE SET MUST BE MADE, the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo
District of _____
Town of _____
or
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 410
Co. Registrar No. _____
Local Registrar No. 7

2. Full name of child Meda Frances Brown (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. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth May 17, 1926 (Month, day, year)

8. FATHER Full name George Brown

14. MOTHER Full maiden name Meda Thornton

9. Residence (Usual place of abode) If nonresident, give place and State Linden Ariz.

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10. Color or race white 11. Age at last birthday 24 (Years)

16. Color or race white 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) (State or country) Blue Arizona

18. Birthplace (city or place) (State or country) outhair Okla.

13. Occupation Nature of Industry Farmer

19. Occupation Nature of Industry housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) 1 (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born 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 Carrie E. Perkins (Physician or midwife)

Address Shumway Ariz.

Given name added from a supplemental report (Month, day, year)

Filed May 22, 1926 Ella C. Rogers Local Registrar.

Filed _____, 19____ Registrar. County Registrar.

475-217-435