

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 13

Registered No. _____

1. PLACE OF BIRTH

County Apache State _____

District or Township _____ or Village _____

City McNary No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mitche Louise Brown (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>7/23/26</u> Month Day Year
		5. No., in order of birth <u>10</u>		

8. FATHER
Full name Chas. F. Brown

14. MOTHER
Full maiden name Lydia Jackson

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

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

10. Color or race white

11. Age at last birthday 15 1/2 (Years)

16. Color or race white

17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Missouri
(State or country)

18. Birthplace (city or place) Correll Co Ind
(State or country)

13. Occupation Teamster & Farmer
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother 10
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>10</u>
(b) Born alive but now dead <u>0</u>
(c) Stillborn <u>0</u>

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 at 11:30 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 R. C. Steudric

Address McNary (Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Filed R. C. Steudric 19 _____
Registrar

Registrar

Registrar

425-723-375

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.