AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 410

Registered No. 10 C

1. PLACE OF BIRTH

County Maricopa State Ariz

District or Township or Village

City Tempe No. St., Ward

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

2. Full name of child Nell Elaine Chenault { 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 July (Month) 26 (Day) 26 (Year)

8. FATHER

Full name John L. Chenault

9. Residence (Usual place of abode) Tempe

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country) S. Texas

13. Occupation Automobile mechanic

Nature of Industry

14. MOTHER

Full maiden name Aver Gladys Wright

15 Residence (Usual place of abode) Tempe

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Delta Co

(State or country) Tex

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(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 (Born alive or stillborn.) at 8 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 Harry L. Schornick

Physician (Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address W. Tempe, Ariz

Registrar

Filed 8-10-, 1924 H. E. Patterson

Registrar

533-726-163

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.

WRITE PLAINLY WITH UNFAILING INK. THIS IS A PERMANENT RECORD