

CERTIFICATE AMENDED

PLACE IN BIRTH REGISTRATION

SURNAME OF CHILD AND FATHER AMENDED - FIRST NAME OF MOTHER AMENDED BY SUPPLEMENTARY REPORT OF REGISTRAR (5-17-72 form) ARIZONA STATE BOARD OF HEALTH

1. County of Jeles

District of _____

Town of _____

or _____

City of Globe

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

County Registrar No. _____

Local Registrar No. 263

2. Full name of child Auna Lee Stearns ~~Stearns~~ **STEARNS** (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 F 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 Dec 7 - 26 Month Day Year

8. FATHER Full name Clyde E Stearns ~~Stearns~~ **STEARNS**

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

10. Color or race W 11. Age at last birthday 43 (Years)

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

13. Occupation Wholesaler Nature of industry

14. MOTHER Full maiden name NAOMA ~~NAOMA~~ ~~Herbert~~

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

16. Color or race W 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Tex (State or country)

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 3 (b) Born alive but now dead 0 (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 Globe 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. J. Kennedy (Physician or midwife.) Address Globe Ariz

Given name added from a supplemental report. Filed 12/31 26 J. J. Horst Local Registrar. Month, day, year

Registrar _____ Filed _____, 19 _____ County Registrar.

122-1207-583

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.