

CERTIFICATE AMENDED
SEE NOTATION ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State File No. 167

Registered No. 9

1. PLACE OF BIRTH

County Gila

District or Township

City Prine

STANDARD CERTIFICATE OF BIRTH

* Item 2 ADDED, AS PER AFFIDAVIT TO CORRECT
 State VITAL RECORD, ALSO FROM A CHILD'S BIRTH
 CERTIFICATE. 7-8-74 BSD

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child FRANK EVGENE FULLER { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 6th 6. Legitimate? yes 7. Date of birth July 21 28
 Month Day Year

8. FATHER
 Full name Lesley H. Fuller

14. MOTHER
 Full maiden name Ora Jones

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

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

10. Color or race white 11. Age at last birthday 34 (Years)

16. Color or race white 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Prine, Arizona
 (State or country)

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

13. Occupation
 Nature of industry Shepherdman

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 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 8 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 evidence of life after birth.

Signature [Signature]
 (Physician or midwife)

Given name added from a supplemental report Frank L. Randall Month, day, year _____ Registrar

Address Payson Ariz
 Filed Aug 7, 1928 Frank L. Randall Registrar

ate number