

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. R.—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.

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

State File No. 81  
 Registered No. 127

1. PLACE OF BIRTH

County Cocconino State Arizona  
 District or Township FLAGSTAFF or Village \_\_\_\_\_  
 City Flagstaff No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bettie Lucile Keith (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child FM 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 8 10 1928  
 Month Day Year

8. FATHER  
 Full name Roy Keith

14. MOTHER  
 Full maiden name Dr. Loy Marie Brown

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

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

10. Color or race white 11. Age at last birthday 23 (Years)

16. Color or race white 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Camp Verde  
 (State or country) Arizona

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas

13. Occupation Rancher  
 Nature of industry

19. Occupation \_\_\_\_\_  
 Nature of industry wife

20. Number of children of this mother 2 (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 \_\_\_\_\_ (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 alive at \_\_\_\_\_ 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 P. M. F. ... (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Filled Aug 18, 1928 S. H. Manning Registrar

228-810-925