

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.

Name added by Supplement

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

State File No. 588
Registered No. _____

1. PLACE OF BIRTH

County Navajo State Arizona
District or Township _____ or Village Snowflake
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leland Alfred Smith
(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 _____ 6. Legitimate? Yes
7. Date of birth Mar 27, 1929
Month Day Year

8. FATHER
Full name Jesse M. Smith

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

10. Color or race M. 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Snowflake Ariz.
(State or country)

13. Occupation Teacher
Nature of industry

14. MOTHER
Full maiden name Louise Van Wagner

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

16. Color or race M. 17. Age at last birthday 36 (Years)

18. Birthplace (city or state) Provo Utah
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 5 } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 11:15 P. m. on the date above stated.
(Born alive or stillborn)

Signature J. N. Hayward
(Physician or midwife).
Given name added from a supplemental report _____ Address Snowflake
Month, day, year _____

Filed Mar 10, 1929 Registrar J. H. Frost
Registrar. _____

328-327-369