

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.

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

State File No. 492
 Registered No. _____

1. PLACE OF BIRTH

County Navajo State Arizona
 District or Township _____ or Village Snowflake
 City _____

2. Full name of child Lion Tad Ballard
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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. _____ 6. Legitimate? Yes
 7. Date of birth Apr. 5, 1929
(If child is not yet named, make supplemental report, as directed.)

FATHER
 8. Full name John Ballard
 9. Residence (Usual place of abode) Snowflake
If non-resident, give place and state.
 10. Color or race W.
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Snowflake
(State or country) Ariz.
 13. Occupation Farmer
Nature of industry

MOTHER
 14. Full maiden name Thora Shumway
 15. Residence (Usual place of abode) Snowflake
If non-resident, give place and state.
 16. Color or race W.
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or state) Taylor
(State or country) Ariz.
 19. Occupation Housewife
Nature of industry

20. Number of children of this mother. 1
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living _____
 (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 alive at 2 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 J. H. Heywood
(Physician or midwife).
 Address Snowflake
 Month, day, year _____

Registrars: J. H. Frost
 Filed May 17, 1929
 324-405-328