

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 508

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 Nephi Wallace Bushman { 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 _____ 6. Legitimate? Yes 7. Date of birth June 19, 1929
Month Day Year

8. FATHER
Full name Martin D. Bushman
9. Residence (Usual place of abode) Snowflake
If non-resident, give place and state.

14. MOTHER
Full maiden name Phoebe Baker
15. Residence (Usual place of abode) Snowflake
If non-resident, give place and state.

10. Color or race W.
11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) Joseph City
(State or country) Ariz.

18. Birthplace (city or state) Cardston
(State or country) Alberta, Can.

13. Occupation
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 4 (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 alive at 11:25 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. M. Hayward
(Physician or midwife).

Given name added from a supplemental report _____ Address Snowflake
Month, day, year _____

Registrar, _____ Filed _____, 19 _____ Registrar, _____

525-619-1729