

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

State File No. 511
Registered No. 73

1. PLACE OF BIRTH
County Navajo State Arizona
District or Township Winslow or Village _____
City Winslow No. 1007 W 1 St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Betty Inez Singleton { If child is not yet named, make supplemental report, as directed.
3. Sex of Child female 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 6 20 29 Month Day Year

8. FATHER
Full name Wesley T Singleton
9. Residence (Usual place of abode) Winslow
If non-resident, give place and state. Winslow
10. Color or race White
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Bullinger
(State or country) Texas
13. Occupation Fireman
Nature of Industry AT&S Fe RR.

14. MOTHER
Full maiden name Maude Freeman
15. Residence (Usual place of abode) Winslow
If non-resident, give place and state. Winslow
16. Color or race White
17. Age at last birthday 30 (Years)
18. Birthplace (city or state) St Johns
(State or country) Arizona
19. Occupation Housewife
Nature of Industry Housewife

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 1 (b) Born alive but now dead 0 (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 12:20 m. on the date above stated (Born alive or stillborn)

Signature R. B. [unclear] Physician or Surgeon
Address P.O. 1007 Winslow Arizona
Month, day, year _____
Filed 7-31 1929 Eva C. Bayless Registrar.

in order of birth stated.

720-100-465