

*Item 2 cov. by aff. of reg.  
(2-18-69 lmt)*

**CERTIFICATE AMENDED  
SEE NOTATION ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 594  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
County Navajo State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Lakeside Ariz No. \_\_\_\_\_ St. \_\_\_\_\_  
2. Full name of child Annice Bates WYNNE BATES (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 born 6. Legitimate Yes  
5. No., in order of birth 1st 7. Date of birth Aug. 29, 1929  
Month Aug Day 29 Year 1929

8. FATHER  
Full name L. Delle M. Bates  
9. Residence (Usual place of abode) Phoenix Ariz.  
If non-resident, give place and state.  
10. Color or race White  
11. Age at last birthday 36 (Years)  
12. Birthplace (city or place) Tuba City  
(State or country) Ariz.  
13. Occupation Dairyman  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Jullie Jennings  
15. Residence (Usual place of abode) Phoenix Ariz.  
If non-resident, give place and state.  
16. Color or race White  
17. Age at last birthday 38 (Years)  
18. Birthplace (city or state) Taylor  
(State or country) Ariz.  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 10  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 8  
(b) Born alive but now dead 2  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum. Yes

622-823-51 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was alive at 10 a. 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. Frost  
Physician or midwife.  
Given name added from supplemental report Sept 10th 1931 Address Snowflake  
Month, day, year  
J. H. Frost