

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

186a

1. County of Pima

District of

Town of

or

City of Pine

BUREAU OF VITAL STATISTICS

State Index No. 776

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No.

Local Registrar No.

No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Mert Edmond Stewart { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male 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: 11-27-1929
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Robert J. Stewart</u>		Full maiden name <u>Helena Black</u>	
9. Residence <u>Pine</u> (Usual place of abode)		15. Residence <u>Pine</u> (Usual place of abode)	
If non-resident, give place and state. <u>Arizona</u>		If non-resident, give place and state. <u>Ariz.</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Tempe</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or place) <u>Flagstaff</u> (State or country) <u>Ariz.</u>	
3. Occupation <u>Forest Ranger</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother Taken as of time of birth of child herein certified and including this child. (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>—</u> (c) Stillborn <u>—</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:10 a am. on the date above stated

* 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 D. J. Taylor (Physician or midwife)Address CottonwoodGiven name added from supplemental report. Month, day, year 423-1127-822 Filed 11-27, 1929 D. J. Taylor Local Registrar.

Filed, 19.... County Registrar.