ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133 908
Registered No. 308

1. PLACE OF BIRTH

County: Graham State:
Township: or Village:
City: Safford No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Thomas Deal Mendenhall [If child is not yet named, make supplemental report, as directed

3. Sex: male
If plural births: 4. Twin, triplet or other: 5. Number, in order of birth:
6. Premature: Full term: yes
7. Legitimate? yes
8. Date of birth: Dec 8, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name: Wilfred Thomas Mendenhall	18. Full maiden name: Dora Allice Bagley
10. Residence (usual place of abode) (If nonresident, give place and State): Safford	19. Residence (usual place of abode) (If nonresident, give place and State): Safford
11. Color or race: W 12. Age at last birthday: 30 (Years)	20. Color or race: W 21. Age at last birthday: 32 (Years)
13. Birthplace (city or place) (State or country): Springville Utah	22. Birthplace (city or place) (State or country): Charleston Utah
OCCUPATION 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Entomologist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Government	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housekeeping
16. Date (month and year) last engaged in this work: Dec. 18, 1931 Total time (years) spent in this work: 10	25. Date (month and year) last engaged in this work: Dec 18, 1931 26. Total time (years) spent in this work: 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: (c) Stillborn:

28. If stillborn, period of gestation: months or weeks
29. Cause of stillbirth: Before labor: During labor:

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 6 55 A m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) L W Brotten, M. D.
or, Midwife
Address: Safford, Ariz.

Given name added from a supplemental report
343-1208-328 (Date of)
Registrar.

Filed Jan 8, 1932 J. M. Whitson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.