

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.

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

State File No. 261
Registered No. 115

1. PLACE OF BIRTH

County Graham State Arizona
District or Township Safford, Solomon 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

Legia Mendenhall

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Aug-28-1926
Month Day Year

8.

FATHER

14.

MOTHER

Full name Wilfred J. Mendenhall

Full maiden name Clara Alice Bagley

9. Residence

(Usual place of abode)

15. Residence

(Usual place of abode)

If non-resident, give place and state. Safford

If non-resident, give place and state. Safford

10. Color or race

White

11. Age at last birthday 25 (Years)

16. Color or race

White

17. Age at last birthday 27 (Years)

12. Birthplace (city or place)

Utah

(State or country)

18. Birthplace (city or place)

Utah

(State or country)

13. Occupation

Nature of industry

Entomologist

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

1st

(a) Born alive and now living 1
(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 (Born alive or stillborn.) at 10:45 p.m. 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

J. N. Stratton

Physician or midwife

Address

Safford

Given name added from a supplemental report

Month, day, year

Registrar

Filed Sept-6 1926

J. N. Stratton
H.B. Registrar

343-428-329