| 1. PLACE OF BIRTH   | ARIZONA STATE BOARD OF<br>BUREAU OF VITAL STATISTIC | HEALTH State File No                        |
|---|---|---|
| <i>-</i>  | STANDARD CERTIFICATE OF BII                         |   |
| County Coronica   |   | yona  |
| District or Township Fredor   | va or Village                                       | Fredoria                                    |
| City  |   | Guedonia                                    |
|   | (If birth occurred in a hospital o                  | St  |
| 2. Full name of child Mule  | hed Pratt   | ( If child is not yet named mail            |
| 3. Sex of Child   To be answered ONL  | Y 4. Twin, triplet or other                         | ( supplemental report, as directe           |
| in event of plural births.  | 5. No., in order of birth                           | 7. Date of birth Way 15 1891 Month Day Year |
| 8. PATHER   | 14.   | MOTHER                                      |
| Full name   | Full maiden n                                       |   |
| 9. Residence  |   | Trances Medald                              |
| (Usual place of abode)  | 15 Residence (Usual place of                        | of abode)                                   |
| If non-resident, give place and state.  | Tredorica If non-reside                             | ent, give place and state. The owner.       |
| 10. Color or race   | 16 Color or rac                                     |   |
| White 11. Age at las  | et birthday 37 (Years) White                        | .   |
| 12. Birthplace (city or place) Sal  | + Pak.  | (city or place) Salt Lake                   |
| (State or country)  | (State or count                                     |   |
| 13. Occupation  | 19. Occupation                                      | - Lyapo.                                    |
| Nature of industry  | Nature of ind                                       | natre .                                     |
| Stock   | man   | Housenile                                   |
| 20. Number of children of this mother   |   | 21. Were precautions taken against oph-     |
| (Taken as of time of birth of child herein certified and including this child.)   | (c) Stillborn                                       | thalmin neonatorum?                         |
| CER   | TIFICATE OF ATTENDING PHYSICIAN OF                  | Minutpe                                     |
|   | this child, who was                                 | -A  |
| * When there was no attending physician or midwife, then the father, householder. |   | n.)   |
| child is one that paid has been been  | <i>~</i>  | 50 +/ 21                                    |
| amows other evidence of life after birth.   | . I transce   | Viat. Mother                                |
| Given name added from<br>a supplemental report                                    | Address   | (Physician or midwife).                     |
| Month, day, y   | ear (O o o  | Comment of the second                       |
| Registrar   | Filed 29, 192                                       | Jucy Griffiths                              |
|   |   | 473-59-634                                  |