

CERTIFICATE AMENDED

PLACE OF BIRTH **SEE NOTATION ***

ARIZONA STATE BOARD OF HEALTH

County of Maricopa BUREAU OF VITAL STATISTICS State Index No. 304
 District of Mesa #3 ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 13
 Name of Robert *** GIVEN NAME ENTERED FROM** Local Registrar's No. 426
CERTIFICATE OF ORDINATION TO THE
HOLY PRIESTHOOD DATED 6-5-35
 (No. 4-13-72/mae) St. _____ Ward)

LEGAL NAME OF CHILD Don Robert Rust { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of child male Twin, Triplet or other _____ { and } Number in order of birth _____ Legitimate? yes Date of Birth Dec. 22, 1922
 (Month) (Day) (Yr.)

FATHER			MOTHER		
Name	<u>Don Alva Rust</u>		Full Maiden Name	<u>Lizzie Bell Jones</u>	
Residence	<u>Gilbert, Arizona</u>		Residence	<u>Gilbert, Arizona</u>	
Color or Race	Age at last Birthday	<u>white</u> <u>47</u> (Years)	Color or Race	Age at last Birthday	<u>white</u> <u>32</u> (Years)
Birthplace	<u>Texas</u>		Birthplace	<u>Colorado</u>	
Occupation	<u>Farmer/cattman</u>		Occupation	<u>Housewife</u>	

Number of Child of this mother 7 Number of children of this mother now living 7 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Dec. 22, 1922, at 9:20 P. M.

*When there is no attending physician or midwife, then the householder should make this return. (Signature) L. N. Brown
 (Attending physician, midwife, householder. *)

Given or Christian name added from a _____ Address Mesa, Arizona

Supplemental report _____ 192 _____ Filed 1-2 1923 J. E. Boone Jr.
 LOCAL REGISTRAR.

H93-1222-2127-14 A True Copy Filed _____ 192 _____ HARRY J. FELCH, M. D.
 COUNTY REGISTRAR. COUNTY REGISTRAR.