

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 474

Registered No. _____

1. PLACE OF BIRTH

County Navajo State Arizona
 District or Township Clay Springs or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____ (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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Dec 30 1923
 Month Day Year

8. FATHER
 Full name Lyman L. Duncan
 9. Residence (Usual place of abode) Clay Springs
 If non-resident, give place and state. _____
 10. Color or race white
 11. Age at last birthday 48 (Years)
 12. Birthplace (city or place) Memphis
 (State or country) Tennessee
 13. Occupation Farmer and
 Nature of Industry Stockman

14. MOTHER
 Full maiden name Sarah Alice Perkins
 15. Residence (Usual place of abode) Clay Springs
 If non-resident, give place and state. Ariz
 16. Color or race white
 17. Age at last birthday 34 1/2 (Years)
 18. Birthplace (city or place) Taylor
 (State or country) Ariz
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead _____
 (c) Stillborn _____
 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 Born alive at 5:30 P.M. on the date above stated
 (Born alive or stillborn)

Signature Jane Perkins
midwife
 (Physician or Midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Registrar _____ Filed _____ 19 Mrs. J. Edw. Brewer
 Registrar

645-1230-272