

# ARIZONA BIRTH CERTIFICATE

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Navajo</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>413</u>
District of <u>Winslow</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>5</u>
Town of _____			Local Registrar No. <u>5</u>
or			
City of <u>Winslow</u>		No. _____	St. _____
		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Katherine Lorraine O'Neal</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>Jan. 16, 1923</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Lawrence Porter O'Neal</u>		Full maiden name <u>Katherine M. Brown</u>	
9. Residence <u>Winslow, Arizona</u>		15. Residence <u>Winslow, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>W.</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>W.</u>	17. Age at last birthday <u>36</u> (Years)
12. Birthplace (city or place) <u>High Point, Missouri</u>	(State or country)	18. Birthplace (city or place) <u>Kansas</u>	(State or country)
13. Occupation <u>Vocational Trainee</u>	Nature of industry <u>Mechanic</u>	19. Occupation <u>House wife</u>	Nature of industry _____
20. Number of children of this mother (taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>2</u>	
		(b) Born alive but now dead <u>0</u>	
		(c) Stillborn <u>0</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:24</u> A. M. on the date above stated. (Born alive or stillborn)			
*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 <u>C. L. Hathaway, M. D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>422 Winslow Ave., Winslow, Ariz.</u>	
Registrar _____		Filed <u>Jan 17</u> , 19 <u>23</u> <u>Carrie M. Matthews</u> Local Registrar	
		Filed <u>July 5</u> , 19 <u>23</u> <u>Joseph M. Matthews</u> County Registrar	
263-116-225			

SOURCE: Arizona Department of Health Services, Arizona Genealogy Birth and Death Certificates, <http://genealogy.az.gov/>