

4204

PLACE OF BIRTH

County of Navajo  
District of \_\_\_\_\_  
Town of Snowflake  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 256-539

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 211

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Ray Wallace Flake (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Born } YES  
Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Child of <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Aug. 6</u> 19 <u>12</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Amos Flake</u>			Full Maiden Name <u>Ethel Ray</u>		
Residence <u>Snowflake, Ariz.</u>			Residence <u>Snowflake, Arizona</u>		
Color or Race <u>White</u>		Age at last Birthday <u>44</u> (Years)		Color or Race <u>White</u>	
Birthplace <u>Beaver, Utah</u>		Age at last Birthday <u>19</u> (Years)			
Occupation <u>Forest Ranger</u>			Birthplace <u>Millville, Miss.</u>		
Occupation <u>Wife</u>			Occupation _____		
Number of child of this mother... <u>1</u>		Number of children, of this mother, now living... _____		Were precautions taken against Ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 6 1912 at 11:30

When there is no attending physician or midwife, then the householder should make this return.

(Signature) Emma D. Smith  
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Snowflake

supplemental report \_\_\_\_\_ 1912

Filed Sept 3 1912

Eliad Rogers  
LOCAL REGISTRAR

965-806-598  
COUNTY REGISTRAR

Filed 9-10 1912

True Copy  
J. M. Boyd  
COUNTY REGISTRAR

Number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife within 5 days after birth.