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case of more than one child, at a birth, a SEPARATE RETURN must be made for each, and number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Navajo
District of _____
Town of Snowflake
or _____
City of _____ (No. _____ St; _____ Ward)

BUREAU OF VITAL STATISTICS **318** State Index No. **649**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 83
Local Registrar's No. _____

FULL NAME OF CHILD Lynn H Stratton } 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 13 } Legitimate? yes } Date of Birth May 31 1915
(Month) (Day) (Yr.)

FATHER
Full Name W E Stratton
Residence Snowflake
Color or Race White Age at last Birthday 53 (Years)
Birthplace Utah
Occupation farmer

MOTHER
Full Maiden Name Minnie Kartelun
Residence Snowflake
Color or Race White Age at last Birthday 44 (Years)
Birthplace Nevada
Occupation Housewife

Number of child of this mother 13 Number of children, of this mother, now living 8 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 31st 1915, at _____ M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Emma G. Smith
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
Address Snowflake

Filed _____ 191____
325-531-425
COUNTY REGISTRAR.
Filed 7-15 1915 A True Copy
LOCAL REGISTRAR
COUNTY REGISTRAR.