

PLACE OF BIRTH

1. County of Mohave

ARIZONA STATE BOARD OF HEALTH 533

District of _____

BUREAU OF VITAL STATISTICS

State Index No. _____

Town of Kingman

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or

Local Registrar No. 60City of _____ Mohave General Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Loraine White } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Nov. 16, 1930 }
Month day year8. Full name Toler D. White FATHER 14. Full maiden name Hazel L. Page MOTHER9. Residence Kingman, Arizona 15. Residence Kingman, Arizona
(Usual place of abode) (Usual place of abode)
If nonresident, give place and state If nonresident, give place and state10. Color or race White 16. Color or race White
11. Age at last birthday 36 (Years) 17. Age at last birthday 21 (Years)12. Birthplace (city or place) Arkansas 18. Birthplace (city or place) California
(State or country) (State or country)13. Occupation Selling Agent-Truckdriver 19. Occupation Housewife
Nature of industry Nature of industry
Oil Agency20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:00AM 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 evidences of life after birth.
Signature T. R. White M.D. (Physician or midwife)
Address Kingman, ArizonaGiven name added from a supplemental report _____
Month, day, year. Filed Nov. 17, 1930 Local Registrar. M. Allen Page

Registrar. _____

Filed _____ 19 _____

County Registrar. _____

765-1114-875

and the number

in order of birth stated.