

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stat

County of Bingham 133 220 -  
City of Blackfoot, Ida 006-363  
No. Beck Hosp St.

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 300361

OCT 8 - 1940

Registration District No. \_\_\_\_\_ State File No. \_\_\_\_\_  
Prim. Registration District No. 600 Local Registrar's No. 273

2. FULL NAME OF CHILD Daylene Allen

3. Sex Female If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 9-20, 1940  
5. Number, in order of birth \_\_\_\_\_ Full term Yes (Month, Day, Year)

9. Full name Erwin Alton Allen FATHER  
10. Residence (usual place of abode) Blackfoot, Ida  
11. Color or race W 12. Age at last birthday 35 (years)  
13. Birthplace (city or place) Paradise Utah (State or Country)

18. Full maiden name Idona Isolene Tolman MOTHER  
19. Residence (usual place of abode) Blackfoot, Ida  
20. Color or race W 21. Age at last birthday 28 (years)  
22. Birthplace (city or place) Lava Hot Springs (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work 9-20, 1940  
17. Total time (years) spent in this work 10yr

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work 9-20, 1940  
26. Total time (years) spent in this work 10yr

27. What prophylactic was used to prevent Ophthalmic Neonatorum? mercurochrome 2%  
28. Number of children of this mother Three (At time of this birth and including this child)  
(a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
29. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 30. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive <sup>11<sup>45</sup></sup> at 9 m. on the date above stated.  
(Born Alive or Stillborn)  
(Signed) [Signature], M. D.  
or \_\_\_\_\_, Midwife  
Address Blackfoot, Ida  
Filed Oct. 4, 1940, 1940 [Signature]  
Registrar. Registrar.

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Bureau of Vital Statistics under Title 39, Idaho Code.

State of Idaho . . . . . )  
County of Ada . . . . . )

Janet M. Wick  
State Registrar of Vital Statistics  
DEC 4 1979

Date issued