

STATE OF UTAH — DEPARTMENT OF HEALTH

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

STATE BOARD OF HEALTH FILE No. **698 451**

CERTIFICATE OF BIRTH, STATE OF UTAH.

PLACE OF BIRTH

County of Weber

Precinct of

Town or Village of

City of Guan

Street and No. 2031 Wash au

If in Hospital or other Institution, give its name instead of Street and number.

AMENDED
1. of 2

FULL NAME OF CHILD } If child is not yet named, make supplemental report as directed

Sex of Child <u>male</u>	Twin, Triplet, or Other <u>Am</u>	and { Number in Order of Birth <u>1st</u>	Legiti- main? <u>ms</u>	Date of Birth <u>July 29</u> , 19 <u>17</u> <small>(Month) (Day) (Year)</small>
FULL NAME FATHER <u>Arias Guy Belnap</u>		FULL MAIDEN NAME MOTHER <u>Mabel Harris</u>		
RESIDENCE <u>Utah</u>		RESIDENCE <u>Guan Utah</u>		
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
BIRTHPLACE <u>Utah</u>		BIRTHPLACE <u>Utah</u>		
OCCUPATION <u>Bookkeeper + clerk</u>		OCCUPATION <u>ms</u>		
Number of Child of this Mother <u>1</u>		Number of children of this Mother now living <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on July 29th 1917 at 1:30 P.M.

Premature No or Still Birth? No (Yes or No)

(Signature) Edward J. Rich

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date July 31 1917 MD
(Physician or Midwife)

Given name added from supplemental report

Address of Physician or Midwife Guan Utah

19

Filed July 31 1917 Walter G. Palmer
REGISTRAR

Registered No. 1801

SDH-BHS 94 (12/88) This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

APR 19 1991

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS



S585678

STATE OF UTAH — DEPARTMENT OF HEALTH

SUPPLEMENTAL REPORT OF BIRTH, STATE OF UTAH

This return should preferably be made by the person who made the original, and filed with the local Registrar as soon as child is named

Registered Number* 1801

Place of Birth* Ogden, Utah No. 2030 Washington St.

TWIN, TRIPLET, OR OTHER? AND NUMBER* IN ORDER OF BIRTH

HEREBY
2 of 2

CERTIFY that the child described herein has been named:

BIRTH* July 29 1917
(MONTH) (DAY) (YEAR)

Ralph Aris Belnap
(GIVEN NAME IN FULL) (SURNAME)

Signature: Edward J. Pelt

FATHER Gray Belnap

Wilson
JAN 7 1922

MOTHER Mabel Harris

(PHYSICIAN OR MIDWIFE)

Items to be entered by Registrar before giving out this form.

SDH-BHS 94 (12/88)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

APR 19 1991

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS



S585679