PLACE OF BIRTH

1. County of Graham Supplement attached

ARIZONA STATE BOARD OF HEALTH /78

District of Safford

Town of Pima

or

City of Pima

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....

County Registrar No. .....

Local Registrar No. 70

No. ..... St. ..... Ward

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

2. Full name of child Max John Green } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male

To be answered ONLY in event of plural births. X

4. Twin, triplet or other .....

5. No., in order of birth X

6. Legitimate? Yes

7. Date of birth 3 (Month) 18 (day) 31 (year)

8. FATHER

Full name Reese Green

9. Residence (Usual place of abode)

If nonresident, give place and state Pima

10. Color or race White

11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Ariz

(State or country)

13. Occupation

Nature of industry Merchant

14. MOTHER

Full maiden name Geneva Mattice

15. Residence (Usual place of abode)

If nonresident, give place and state Pima

16. Color or race White

17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Ariz

(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead —

(c) Stillborn —

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~) at 730 P.m. on the date above stated.

*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 J. W. Morris (Physician ~~or midwife~~)

Address Safford

Given name added from a supplemental report 475-318-745 Month, day, year.

Filed ....., 19....

Local Registrar.

Registrar.

Filed 4/8/ 1931 J. N. Stratton

County Registrar.

B.O.H.L.