PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Graham
District of
Town of Solomonville
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 1034
County Registrar No.
Local Registrar No. 193

2. Full name of child Larson } 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. | 4. Twin, triplet or other | 5. No., in order of birth | 6. Legitimate? Yes | 7. Date of birth 6-11-32 (Month day year)

8. FATHER
Full name Maroni M. Larson

9. Residence (Usual place of abode)
If nonresident, give place and state Solomonville

10. Color or race White | 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Ariz
(State or country)

13. Occupation
Nature of industry Rancher

14. MOTHER
Full maiden name Annie R. Bryce

15. Residence (Usual place of abode)
If nonresident, give place and state Solomonville

16. Color or race White | 17. Age at last birthday 32 (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 at 11 A m. 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 J. W. Morris (Physician or midwife)
Address Safford

Given name added from a supplemental report ..... Month, day, year.

Filed Aug 8 1932 C. N. Stratton Local Registrar.

Filed ..... 19 ..... County Registrar.

Registrar.

035-611-129

By A H Lane

WRITE PLAINLY WITH UNFADING ... birth, a SEPARATE ... in order of birth stated.

N. B.—In case of more than one child ... such