

K. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child, stated. This certificate must be filed by the attending Physician or Midwife with the local registrar, 5 days after birth.

PLACE OF BIRTH BUREAU OF VITAL STATISTICS.

County of Maricopa **CERTIFICATE AMENDED** Ter. Index No. 185
 District of Mesa #3 **SEE NOTATION** **CERTIFICATE OF BIRTH.**
 Town of Mesa **Child's name entered per affidavit of Registrar & child's birth cert.** Register No. 141
 or City of Mesa 3-13-75 et St.; _____ Ward)

FULL NAME OF CHILD JAMES SAMUEL GUTHRIE Born Yes Alive

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>1</u>	and Number in order of birth <u>1</u>	Legitimacy <u>Yes</u>	Date of Birth <u>3-15-10</u>
Full Name <u>Dora Vaughan Stebbins</u>	FATHER		Full Name <u>Winifred Johnson</u>	MOTHER
Residence <u>Mesa</u>	Residence <u>Mesa</u>			
Color or Race <u>White</u>	Age at last Birthday <u>45</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>43</u> (Years)	
Birthplace <u>Utah</u>	Birthplace <u>Utah</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>10</u>		Number of children, of this mother, now living <u>9</u>		Were precautions taken against Ophthalmia neonatorum <u>Yes</u>

APR 12 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 3/15/10, at 9:30 M.

*When there is no attending physician or midwife, then the householder must make this return.

Given or christian name added from a supplemental report _____ 19____

Filed 3-22/10 Address Mesa

Filed April 8 10/10 J. E. Drane, M.D. LOCAL REGISTRAR

J. H. Hughes COUNTY REGISTRAR

COUNTY REGISTRAR.

078-315-615