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Ophthalmia neonatorum o
the child unless prevented or
Keep the discharge of the
Wipe the baby's eyes with a boracic cotton moistened in warm boiled
water as soon as the head is born.
Burn the cotton used; the disease is infectious.
Do not include the eyes in the first general bath.
Drop in the eyes of the child as soon as it is born a one (1) per cent s
tion of nitrate of silver (or such other preparation
by a competent

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Roosevelt (Registration District) County Graham No. ..... St.

| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
|---|---|---|---|
| girl | | | |

DATE OF BIRTH* Oct (Month) 24 (Day) 1910 (Year)

FULL NAME FATHER Lindsy Lin Frazier

FULL* MAIDEN NAME MOTHER Emma Lardon

I HEREBY CERTIFY that the child described herein has been named

Viola Lorentena Frazier
(Give name in full) (Surname)

Emma Frazier
(Parent's Signature)

.....
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.

569-1024-535