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

PLACE OF BIRTH

County of [illegible]

District of [illegible]

Town of [illegible]

or

City of

ARIZONA STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

State Index No. [redacted]

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 8

Local Registrar's No. 4

(No. ..... St; ..... Ward)

FULL NAME OF CHILD [illegible] Born / Alive YES / NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
[illegible]					1911

FATHER		MOTHER	
Full Name	[illegible]	Full Maiden Name	[illegible]
Residence		Residence	
Color or Race	Age at last Birthday (Years)	Color or Race	Age at last Birthday (Years)
Birthplace	[illegible]	Birthplace	[illegible]
Occupation	[illegible]	Occupation	

Number of child of this mother..... | Number of children, of this mother, now living..... | Were precautions taken against Ophthalmia neonatorum?.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on ..... 191..., at ..... M.

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

(Signature) .....
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed 1/31 1918 W. V. Thorpe
LOCAL REGISTRAR.

445-513-682
COUNTY REGISTRAR.

Filed 2/8 1918

A True Copy J. N. Stratton
COUNTY REGISTRAR.

K.