

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 Creola
District of Esleho
Town of Jax
or
City of Esleho

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 96

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 205

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____

} Born } YES
} Alive } NO

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

Sex of Child Male Twin, Triplet or other and } Number in order of birth 1 Legiti- mate? Yes Date of Birth Aug 10 1912
(Month) (Day) (Yr.)

FATHER
Full Name Louis O Beard

MOTHER
Full Maiden Name Anna Benner

Residence Bone St.

Residence Same

Color or Race White Age at last Birthday 33 (Years)

Color or Race White Age at last Birthday 22 (Years)

Birthplace Texas

Birthplace Fate Vllie, Texas

Occupation Teamster

Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 10 1912, at 11 A.M.

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

(Signature) C. J. Johnson
(Attending physician, midwife, householder.)*

Given or christian name added from a _____

Address _____

supplemental report _____ 191__

Filed Aug 12 1912

B. G. Joy
LOCAL REGISTRAR.

024-810-129
COUNTY REGISTRAR.

Filed Sept 10 1912

A True Copy

B. G. Joy M.D.
COUNTY REGISTRAR.