

4328

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 Apache
District of _____
Town of St Johns
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 19

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 106

Local Registrar's No. _____

FULL NAME OF CHILD Mildred Orerson (No. _____ St; _____ Ward) } Born } YES
Alive } NO

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

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth Sept. 21 1912
(Month) (Day) (yr.)

Full Name David P. Orerson FATHER
Residence St. Johns, Ariz.
Color or Race White Age at last Birthday 43 (Years)
Birthplace Ariz.
Occupation Farmer

Full Maiden Name Annie Jarvis MOTHER
Residence St. Johns, Ariz.
Color or Race White Age at last Birthday 32 (Years)
Birthplace Ariz.
Occupation Housewife

Number of child of this mother 7 Number of children, of this mother, now living 6 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 Sept 21 1912, at 7 a.m.

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

(Signature) Margaret Jarvis
(Attending physician, midwife, householder*)

Given or christian name added from a

Address St. Johns, Ariz.

supplemental report _____ 191__

Filed _____ 191__

J. Bouldin
LOCAL REGISTRAR.

465-921-112
COUNTY REGISTRAR.

Filed _____ 191__

M. Roberts
COUNTY REGISTRAR.