2367

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 112

Co. Register No. 196

Local Registrar's No. 137

PLACE OF BIRTH

County of Graham

District of Safford

Town of "

or

City of "

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

FULL NAME OF CHILD Evan Seymour Elsworth. { Born / Alive } YES ~~NO~~

If [illegible]d 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.)
Boy			8	yes	11 12 1912

FATHER		MOTHER	
Full Name	William Elsworth	Full Maiden Name	Mary E Waunsler
Residence	Safford Ariz	Residence	Arkansas
Color or Race	White Am. Age at last Birthday 40 (Years)	Color or Race	White Age at last Birthday 30 (Years)
Birthplace	Utah	Birthplace	Alabama
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 8 | Number of children, of this mother, now living 8 | Were precautions taken against Ophthalmia neonatorum?

[illegible]ERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I [illegible] [illegible]y [illegible]t I attended the birth of above child; and that it occurred on, 11/12 1912, at 12 A.M.

*When there [illegible]no attending physician or midwife, [illegible]hen the householder should make thi[illegible] return.

(Signature) W. E. Platt
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental repor[illegible] 191[illegible]

Address

Filed Jan. 4 1913 Mrs. W. D. French
LOCAL REGISTRAR.

558-1112-465
COUNTY REGISTRAR.

Filed Jan 9 1913 A True Copy R. C. Dryden
COUNTY REGISTRAR.

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.