

1807

PLACE OF BIRTH  
County of Apache  
District of \_\_\_\_\_  
Town of Eager  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

2 ✓  
State Index No. ~~250~~  
Co. Register No. 55  
(55)  
Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward) \_\_\_\_\_  
FULL NAME OF CHILD Not-named } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>Girl</u>	Twin, Triplet or other <u>x</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 4</u> 191 <u>3</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm J Burgess</u>			Full Maiden Name <u>Jessie Willbank</u>		
Residence <u>Eager</u>			Residence <u>Eager</u>		
Color or Race <u>White</u>		Age at last Birthday <u>26</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>26</u> (Years)
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on, May 4 1913, at \_\_\_\_\_ M.  
\*When there is no attending physician or midwife, then the householder should make this return. (Signature) Mrs. Lucy Lytle  
(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address Eager Arizona

Filed June 5 1913 E. J. Ydall LOCAL REGISTRAR.  
A True Copy  
Filed \_\_\_\_\_ 191\_\_\_\_ W. Roberts COUNTY REGISTRAR.

322-504-162  
COUNTY REGISTRAR.