

4943

PLACE OF BIRTH

County of Yuma
District of Delphie
Town of Stob
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. State Index No. 113
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 119
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 <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>5-19</u> 19 <u>13</u> (Month) (Day) (yr.)
FATHER			MOTHER		
Full Name <u>Albert M. Hans</u>			Full Maiden Name <u>Alie Chuff</u>		
Residence <u>D. Broad St</u>			Residence <u>D. Broad</u>		
Color or Race <u>W</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>W</u>		Age at last Birthday <u>19</u> (Years)	Birthplace <u>Pima Ariz</u>
Occupation <u>Laborer</u>			Occupation <u>H. W.</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</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 5/19 1913, at P.M.

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

(Signature) E. S. Whipple
(Attending physician, midwife, householder.)

Given or christian name added from a _____

Address Stob Ariz.

supplemental report _____ 1913

Filed 5/31 1913

B. E. Fox
LOCAL REGISTRAR.

082-519-136
COUNTY REGISTRAR.

Filed 6/5 1913

A True Copy
B. E. Fox
COUNTY REGISTRAR.