

2399

This certificate must be made for and the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Mohave
District of _____
Town of Chloride
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 244 ~~529~~
State Index No.
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 57
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 2 } Legitimate? Yes } Date of Birth Nov 11 1913
(Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	<u>Louis G. Nuttycombe</u>	Full Maiden Name	<u>Lucile A. Mason</u>
Residence	<u>Chloride</u>	Residence	<u>Chloride</u>
Color or Race	<u>white</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>30</u> (Years)	Age at last Birthday	<u>21</u> (Years)
Birthplace	<u>England</u>	Birthplace	<u>Idaho</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>
Number of child of this mother	<u>2</u>	Number of children, of this mother, now living	<u>2</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 Nov 11 1913 at 4 P M.

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

(Signature) Wm J. Carter
(Attending physician, midwife, householder.)

Given or christian name added from _____

Address Chloride, Ariz

supplemental report _____ 191__

Filed Nov 22 1913

J. M. Russell
LOCAL REGISTRAR

995-1111-145
COUNTY REGISTRAR.

Filed Nov 18 1913

True Copy J. M. Russell
COUNTY REGISTRAR.