

442

Must be filed by the attending Physician or Registrar within 5 days after birth.

PLACE OF BIRTH

County of Navajo
District of _____
Town of Taylor
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 308

ORIGINAL CERTIFICATE OF BIRTH.

Official County Record filed with the
State Department of Health During 1914.

Co. Registrar No. 30

Local Registrar's No. _____

(No. _____ St: _____ Ward) _____

*FULL NAME OF CHILD Auther Newton Kay } Born } YES
Alive } NO

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

Sex of Child Male } and } Number in order of birth _____ Legiti-
mate? yes Date of Birth Jan 11 1914.
(Month) (Day) (Yr.)

FATHER
Full Name Orson Pratt Kay
Residence Lake Side
Color or Race White Age at last Birthday 35 (Years)
Birthplace Taylor Ariz
Occupation Laborer

MOTHER
Full Maiden Name Helen Mar Rogers
Residence Lake Side
Color or Race White Age at last Birthday 32 (Years)
Birthplace Monte Vista Col.
Occupation housekeeper

Number of child of this mother 5 Number of children, of this mother, now living 2 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 Jan 11 1914, at _____ M.

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

(Signature) Mrs. R. L. Rogers
(Attending physician (midwife, householder).*)

Given or christian name added from a

Address Lakeside Ariz.

supplemental report _____ 191__

Filed _____ 191__

Hilda S Lewis
LOCAL REGISTRAR.

128-111-892
COUNTY REGISTRAR.

Filed _____ 191__

A True Copy
John Bayzell
COUNTY REGISTRAR.