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This certificate must be filed by the attending Physician or wife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH**

County of Maricopa  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Phoenix

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

State Index No. 273

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. 491

Local Registrar's No. 2468

(No. 803 E. Van Buren St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Thomas Arthur Viault } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child male Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth June 28 1914  
(Month) (Day) (Yr.)

**FATHER**  
Full Name Arthur F. Viault  
Residence 803 E. Van Buren  
Color or Race white Age at last Birthday 24 (Years)  
Birthplace Minnesota  
Occupation Miller

**MOTHER**  
Full Maiden Name Naamah Young  
Residence Same  
Color or Race white Age at last Birthday 20 (Years)  
Birthplace Oregon  
Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... 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 June 28, 1914, at 10:40 P.M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }  
(Signature) O. E. Plath  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address 2211 Goodrich Bldg

Filed UN 30 1915  
A True Copy  
Filed Jul 7 1914  
LOCAL REGISTRAR  
COUNTY REGISTRAR.

COUNTY REGISTRAR.  
353-628-587