9251

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH**

County of Gila

District of Young

Town of

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 116

Co. Register No. 234

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Nina Harriet Sparks

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

Born Alive YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Female | | | | yes | Aug. 6 1914 |

| FATHER | MOTHER |
|---|---|
| Full Name: David Carson Sparks | Full Maiden Name: Jessie Corine Willhoit |
| Residence: Young | Residence: Young |
| Color or Race: White — Age at last Birthday 36 (Years) | Color or Race: White — Age at last Birthday 31 (Years) |
| Birthplace: Erath Co. Tex | Birthplace: Hill Co. Tex. |
| Occupation: Farmer | Occupation: Housewife |

Number of child of this mother 6 | Number of children, of this mother, now living 5 | 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 Aug 6 1914, at 1 a M.

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

(Signature) Mrs P. Humphry

(~~Attending physician~~, midwife, ~~householder~~.*)

Given or christian name added from a supplemental report 191

Address Young Ariz

Ola Young

LOCAL REGISTRAR.

Filed Aug 15 1914

A True Copy

B. G. Taylor

COUNTY REGISTRAR.

522-406-163

COUNTY REGISTRAR.

Filed Aug 15 191