

4831

This will be used by the attending physician or local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Yuma
District of Paria
Town of _____
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 118 286

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 291

Local Registrar's No. _____

(No. _____ St: _____ Ward) _____

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES }
Alive } NO }

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? _____ Date of Birth Dec 12 1914
(Month) (Day) (Yr.)

FATHER
Full Name Rulon A. Croft
Residence Ramah
Color or Race _____ Age at last Birthday 23 (Years)
Birthplace N. M.
Occupation _____

MOTHER
Full Maiden Name Emma O. Croft
Residence Ramah
Color or Race _____ Age at last Birthday 20 (Years)
Birthplace Utah
Occupation _____

Number of child of this mother. 3 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 9/12 1914, at _____ M.

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

(Signature) J. D. Carl
Attending physician, midwife, householder.

Given or christian name added from a

Address _____

supplemental report _____ 191__

Filed _____ 191__

Filed Sept 28 1914

A True Copy
J. W. D.
LOCAL REGISTRAR.
COUNTY REGISTRAR.

013-912-519
COUNTY REGISTRAR.