4900

AMENDMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Graham

District of Thatcher

Town of "

or

City of "

State Index No. 167 ~~315~~

Co. Register No. 166

Local Registrar's No. 117

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Chlarson

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.)
Boy			9	Yes	9	23	1914

FATHER		MOTHER	
Full Name	Heynen R Chlarson	Full Maiden Name	Luana B. Posey
Residence	Thatcher	Residence	Thatcher Ariz
Color or Race	White Ariz	Color or Race	White Ariz
Age at last Birthday (Years)	44	Age at last Birthday (Years)	40
Birthplace	Utah	Birthplace	Ala
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 9 | Number of children, of this mother, now living 8 | Were precautions taken against Ophthalmia neonatorum? .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 9/23 1914, at 3 a M.

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

(Signature) W. E. Plank
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191....

Filed 10/5 1914

Address Mrs. W. D. French
LOCAL REGISTRAR.

[illegible]-923-378
COUNTY REGISTRAR.

Filed 10/9 1914

A True Copy [illegible]
COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate ... Midwife with each local Registrar within 5 days after birth.