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

PLACE OF BIRTH — **ARIZONA STATE BOARD OF HEALTH**

CERTIFICATE AMENDED
SEE NOTATION

County of Gila

District of Pine

Town of Pine
or
City of

BUREAU OF VITAL STATISTICS.

State Index No. 107

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 362

Child's name entered as per Affidavit, also from Child's Baptismal Certificate. 10-10-75 OSO

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Della Randall

Born / Alive YES

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

Sex of Child Girl | ~~Twin, Triplet or~~ other and Number in order of birth 7 | Legitimate? yes | Date of Birth Nov. 16 1914 (Month) (Day) (yr.)

FATHER	MOTHER
Full Name Walter John Randall	Full Maiden Name Martha Florence Fuller
Residence Pine	Residence Pine
Color or Race White — Age at last Birthday 39 (Years)	Color or Race White — Age at last Birthday 37 (Years)
Birthplace Harrisburg Utah	Birthplace Harrisburgh Utah
Occupation Stock Raising	Occupation Housewife

Number of child of this mother 7th | Number of children, of this mother, now living 7 | 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 Nov 16th 1914, at M.

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

(Signature) Annabel Leonard
(Attending ~~physician~~, midwife, ~~householder.*~~)

Given or christian name added from a supplemental report 191

Address Pine Arizona

Filed 191

J. Patterson
LOCAL REGISTRAR.

093-1116-469
COUNTY REGISTRAR.

Filed Nov 23 1914

A True Copy B. G. Fox
COUNTY REGISTRAR.