ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

~~SUPPLEMENT ATTACHED~~

State Index No. 245 ~~249~~

Co. Register No.

Local Registrar's No. 49

PLACE OF BIRTH

County of Maricopa

District of

Town of Buckeye

or

City of

(No. St; Ward)

FULL NAME OF CHILD

Born Alive: YES ~~NO~~

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

Sex of Child: Male | Twin, Triplet or other: ✓ | and | Number in order of birth: ✓ | Legitimate? yes | Date of Birth: 12 (Month) 24 (Day) 191✓ (Yr.)

FATHER

Full Name: Frank Couch

Residence: Buckeye

Color or Race: white | Age at last Birthday: X (Years)

Birthplace: Tenn.

Occupation: Farmer

MOTHER

Full Maiden Name: Pearl Conley

Residence: Buckeye

Color or Race: white | Age at last Birthday: X (Years)

Birthplace: Oregon

Occupation: wife

Number of child of this mother: 6 | Number of children, of this mother, now living: 6 | 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 12/24 191✓, at 9 P. M.

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

(Signature) W.R. Franklin

(Attending physician, midwife, householder.*)

Address

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

Filed 1/✓ 191 5

LOCAL REGISTRAR.

838-1224-738

COUNTY REGISTRAR.

A True Copy

Filed ..... 191.....

A. B. Nichols

COUNTY REGISTRAR.

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.