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 Apache

District of

Town of Eagar

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 13

Co. Register No. 154

Local Registrar's No. 3

SUPPLEMENT ATTACHED

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

FULL NAME OF CHILD Indall

Born Alive: YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M			3	yes	Jan 23 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Henry G. Indall	Full Maiden Name	Dorinda J. Love
Residence	Eagar	Residence	Eagar
Color or Race	Caw.	Color or Race	Caucasian
Age at last Birthday	27 (Years)	Age at last Birthday	22 (Years)
Birthplace	Ariz	Birthplace	Ariz
Occupation	Farming	Occupation	Housewife

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 Jan 23 1915, at 5 P M.

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

(Signature) Annie Nelson
(Attending physician, midwife, householder.*)

Address Eagar Ariz

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

Filed Feb 4 1915 E. J. Indall
LOCAL REGISTRAR.

A True Copy T. J. Bradshaw
COUNTY REGISTRAR.

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

COUNTY REGISTRAR.