

1246

PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

County of Graham
District of Thatcher
Town of 11
or 11
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 139

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 10

Local Registrar's No. 10

Full NAME OF CHILD

Heunt } Born } YES
Alive } ~~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 5 Legiti- mate? yes Date of Birth 1 - 21 - 1915
(Month) (Day) (Yr.)

FATHER
Full Name Alvin Heunt
Residence Thatcher
Color or Race white Age at last Birthday 43 (Years)
Birthplace Mo.
Occupation Merchant

MOTHER
Full Maiden Name Sarah Albride
Residence Thatcher
Color or Race white Age at last Birthday 40 (Years)
Birthplace Utah
Occupation Housewife

Number of child of this mother 5 Number of children, of this mother, now living 5 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 1/21 - 1915, at 11 am M.

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

(Signature) [Signature]
(Attending physician, midwife, householder.*)

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

Address Mrs. W. D. French

Filed 1/5 1915

LOCAL REGISTRAR.
G. S. MARTIN
COUNTY REGISTRAR.

Filed 2/10 1915 A True Copy

COUNTY REGISTRAR.

The number of each in order of birth, shown, from 5 days after birth, Midwife with each local Registrar within 5 days after birth.