2395

MARGIN RESERVED FOR BINDING

Write Plainly with Unfading Ink.—This is a Permanent Record.

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 Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Graham

District of Pima

Town of Bryce

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 137 State Index No. 8

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.

Local Registrar's No.

(No. St; W

FULL NAME OF CHILD { Born Alive }

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

Sex of Child Female | Twin, Triplet or other Single | and | Number in order of birth | Legitimate? yes | Date of Birth May 14 (Month) (Day) (Y

FATHER

Full Name George Peck

Residence Bryce

Color or Race White | Age at last Birthday 30 (Years)

Birthplace Arizona

Occupation Farmer

MOTHER

Full Maiden Name Mary A. Nelson

Residence Bryce

Color or Race White | Age at last Birthday 2 (Y

Birthplace Utah

Occupation Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 14 1915, at 6 P.

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

(Signature) R. V. Hayden

(Attending physician, ~~midwife, householde~~

Address Pima Arizona

Given or christian name added from a supplemental report 191

Filed Apr. 5 1915 Mrs. P. C. Boyd LOCAL REGISTRAR.

A True Copy

Filed 4/10/1915 G. S. MARTIN. COUNTY REGISTRAR.

COUNTY REGISTRAR

372-314-455