

THE NUMBER OF CHILDREN BORN TO EACH MARRIED COUPLE SHALL BE MADE KNOWN TO THE PUBLIC BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH. 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 Maricopa **ARIZONA STATE BOARD OF HEALTH**
 Bureau of Vital Statistics 254 State Index No. 584
 District of _____ **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 460
 Town of _____ Local Registrar's No. 3888
 or _____
 City of Phoenix (No. 607 So. 4th Ave. St.; _____ Ward)

FULL NAME OF CHILD Nathan Moull } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child	Male	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth	5-15-1915
					Yes	(Month) (Day) (Yr.)	

FATHER				MOTHER			
Full Name	<u>Nathan Moull</u>	Full Maiden Name	<u>Tracy Embick</u>				
Residence	<u>607 S 4th Ave -</u>	Residence	<u>607 S 4th Ave</u>				
Color or Race	<u>Mex</u>	Color or Race	<u>Mex</u>				
Age at last Birthday	<u>2.5</u>	Age at last Birthday	<u>2.8</u>				
(Years)		(Years)					
Birthplace	<u>Phoenix Ariz</u>	Birthplace	<u>Phoenix Ariz</u>				
Occupation	<u>Baker</u>	Occupation	<u>Housewife</u>				

Number of child of this mother 3 Number of children, of this mother, now living 3 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 5-15-1915 at 12:45 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) J. V. Couch
 (Attending physician, midwife, householder. *)
 Address 313 7th St
 Supplemental report _____ 191_____
 Filed MAY 17 1915 LOCAL REGISTRAR
A. B. Nichols
 COUNTY REGISTRAR.

Given or christian name added from a _____
 Supplemental report _____ 191_____
543-515-352
 COUNTY REGISTRAR.