1949

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 Graham

District of 14

Town of Stanley

or

City of ..... (No ..... St; ..... Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 156 State Index No. 847

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 128

Local Registrar's No. 87

FULL NAME OF CHILD Nathan Boyd Tenney

Born Alive YES

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
Male				yes	June 22 (Month) (Day) 1915 (Yr.)

FATHER		MOTHER	
Full Name	Nathan O. Tenney	Full Maiden Name	Myrtle Mary Ware
Residence	Stanley Arizona	Residence	Stanley Arizona
Color or Race	American	Color or Race	american
Age at last Birthday	29 (Years)	Age at last Birthday	29 (Years)
Birthplace	Arizona	Birthplace	Texas
Occupation	Goatman	Occupation	Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 5 | 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 June 22 1915, at 4 P M.

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

(Signature) Mrs L. J. Keeler

(Attending physician, midwife, householder.*)

Address Globe Ariz

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

Filed 7/5 1915 A. N. French

LOCAL REGISTRAR.

Filed 7/10/ 1915 A True Copy G. S. MARTIN

COUNTY REGISTRAR.

COUNTY REGISTRAR.