

2353

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.

CERTIFICATE AMENDED  
SEE NOTATION

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila  
District of Seab  
Town of Burch  
or  
City of

BUREAU OF VITAL STATISTICS 120 State Index No. 491

ORIGINAL CERTIFICATE OF BIRTH  
*Child's name & mother's maiden name amended by all of Reg. & St Reg. for number 7-27-50 18-2-71*  
Co. Register No. 214  
Local Registrar's No. \_\_\_\_\_  
(No. \_\_\_\_\_) St: \_\_\_\_\_ Ward)

FULL NAME OF CHILD Fannie Allred { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female Twin, Triplet or other } and } Number in order of birth } Legitimate yes Date of Birth 8 6 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name David William Allred  
Residence Burch Gila County Ariz  
Color or Race White Age at last Birthday 28 (Years)  
Birthplace Pima Arizona  
Occupation Dairyman

MOTHER BURNS  
Full Maiden Name Sarah E. Wesch  
Residence Burch  
Color or Race White Age at last Birthday 27 (Years)  
Birthplace Pima Arizona.  
Occupation H.W.

Number of child of this mother... 4... 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 8 6 1915, at 12 30 M.A.M

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

(Signature) G. E. Wray A.M.  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Burch Ariz.

614-806-222  
COUNTY REGISTRAR.

Filed Aug 8 1915 B. G. Fox LOCAL REGISTRAR.  
A True Copy  
Filed Sept 4 1915 B. G. Fox COUNTY REGISTRAR.