

2344

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

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 156 State Index No. 522
 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 251
 Local Registrar's No. _____

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

Sex of Child Male Twin, Triplet or other No and Number in order of birth 1st Legitimate? Yes Date of Birth Aug. 30 1915
 (Month) (Day) (Yr.)

FATHER
 Full Name David Eare Keener
 Residence Miami
 Color or Race White Age at last Birthday 25 (Years)
 Birthplace Missouri
 Occupation None

MOTHER
 Full Maiden Name Ada May Halcouf
 Residence Miami
 Color or Race White Age at last Birthday 25 (Years)
 Birthplace Nebraska
 Occupation House wife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 Aug 30 1915, at 6 P. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) B. W. Hardy, M.D.
 (Attending physician, midwife, householder*)

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

Address Miami, Ariz.

Filed Sept 5 1915

John H. Lacy
 LOCAL REGISTRAR.

529-630-142
 COUNTY REGISTRAR.

Filed Oct 4 1915

A True Copy
B. W. Hardy
 COUNTY REGISTRAR.