2435

the number of each, in order of birth, stated. This certificate must be made for each, and Midwife with each local Registrar within 5 days after birth.

Supplement attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

177 State Index No. 543

Co. Register No. 176

Local Registrar's No. 121

PLACE OF BIRTH

County of Graham

District of Layton

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

FULL NAME OF CHILD Armon Curtis

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F			X	yes	Aug. (Month) 21 (Day) 1915 (Yr.)

FATHER		MOTHER	
Full Name	Ammon Curtis	Full Maiden Name	Mary Slade
Residence	Layton	Residence	Layton
Color or Race	W. Age at last Birthday 41 (Years)	Color or Race	W Age at last Birthday 34 (Years)
Birthplace	Utah	Birthplace	Utah
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 7 | Number of children, of this mother, now living 6 | 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. 21 1915, at 4 P. M.

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

(Signature) A. J. Warner
(Attending physician, midwife, householder.*)

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

Address Safford, Ariz.

Filed 9/6 1915 A. P. French
LOCAL REGISTRAR.

132-801-425
COUNTY REGISTRAR.

Filed 9/10/1915 A True Copy G. S. MARTIN
COUNTY REGISTRAR.