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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 143

State Index No. 918

Co. Register No. 193

Local Registrar's No. 138

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

unty of Graham

strict of Pima

wn of "

or

ty of "

(No. ..... St; ..... Ward)

ILL NAME OF CHILD Larsen

Born / Alive — YES / ~~NO~~

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

x of ild Girl	~~Twin, Triplet~~ or other	and	Number in order of birth 1st	Legitimate? yes	Date of Birth 9 (Month) 10 (Day) 1915 (Yr.)

FATHER		MOTHER	
ll ame	James A. Larsen	Full Maiden Name	Rebecca Grace McBride
idence	Pima Ariz	Residence	Pima Ariz
lor Race	White — Age at last Birthday 28 (Years)	Color or Race	White — Age at last Birthday 17 (Years)
rthplace	Utah	Birthplace	Ariz
upation	Farm	Occupation	Housewife

ber of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

ereby certify that I attended the birth of above child; and that it occurred on 9/10 1915 at 10 M.

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

(Signature) W. E. Clark (Attending physician, midwife, householder.*)

Given or christian name added from a

pplemental report ..... 191.....

Filed 10/5 1915

Address Mrs A. N. French LOCAL REGISTRAR.

A True Copy G. S. MARTIN COUNTY REGISTRAR.

335-910-945 COUNTY REGISTRAR.

Filed 10/10 1915

N. B.—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.

Write plainly with Unfading Ink.—This is a Perm...