

4283

This certificate must be filed by the attending Physician or each local Registrar within 6 days after birth.

PLACE OF BIRTH

County of Dela
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 124 State Index No. 507
ORIGINAL CERTIFICATE OF BIRTH Go. Register No. 331
Local Registrar's No. _____

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

Sex of Child Male } and } Number in order of birth } Legitimate? Yes } Date of Birth Nov. 18, 1915
(Month) (Day) (Yr.)

FATHER
Full Name John William Aggon
Residence Miami
Color or Race American Age at last Birthday 22 (Years)
Birthplace Nebraska
Occupation Barber

MOTHER
Full Maiden Name Helena Adeline Williams
Residence Miami
Color or Race American Age at last Birthday 18 (Years)
Birthplace Texas
Occupation Housewife

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 Nov. 18, 1915, at 6 A. M.
(*When there is no attending physician or midwife, then the householder should make this return.)
(Signature) [Signature]
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____
Address Miami, Ariz

Filed Dec 10 1915 John H. Tracy
LOCAL REGISTRAR.

Filed Jan 7 1916 B. S. Lee
COUNTY REGISTRAR.

COUNTY REGISTRAR.

COUNTY REGISTRAR.