

4284

In order of birth, stated. This certificate must be filed by the attending Physician or local Registrar within 5 days after birth.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **125** State Index No. **508**

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 307
Local Registrar's No. _____

FULL NAME OF CHILD Henry Lawrence Christensen Jr. } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other X and Number in order of birth _____ Legitimate? Yes Date of Birth Nov. 18 1915
(Month) (Day) (Yr.)

FATHER
Full Name Henry Christensen
Residence Miami
Color or Race White Age at last Birthday 46 (Years)
Birthplace Utah
Occupation Traveling Salesman

MOTHER
Full Maiden Name Irene E. English
Residence Miami
Color or Race White Age at last Birthday 20 (Years)
Birthplace Texas
Occupation Housewife

Number of child of this mother 2nd Number of children, of this mother, now living 2 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 8:15 A. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) John E. Bacon
(Attending physician, midwife, householder. *)

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

Address _____
Filed Nov 25 1915 John H. Lacy
LOCAL REGISTRAR.

Filed Dec 10 1915 A True Copy BEJ
COUNTY REGISTRAR.

COUNTY REGISTRAR.