

4314

N. B.—In case of more than one child at a birth, a SEPARATE CERTIFICATE 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 Graham
District of Central
Town of _____
or _____
City of _____

Amendment Attached
ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 144 State Index No. 526
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 274
Local Registrar's No. 761

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

Sex of Child Girl } Twin, Triplet or other } and } Number in order of birth 4 } Legitimate? Yes } Date of Birth 11-2-1915
(Month) (Day) (Yr.)

FATHER
Full Name Edward S. Adams
Residence Central
Color or Race White Age at last Birthday 38 (Years)
Birthplace Ariz.
Occupation Farmer

MOTHER
Full Maiden Name Mabel Smith
Residence Central
Color or Race White Age at last Birthday 28 (Years)
Birthplace Ariz.
Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 11/2 1915 at 10 M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) W. E. Platt (Attending physician, midwife, householder.*)

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

Address W. E. French
LOCAL REGISTRAR.
Filed 12/6 1915

COUNTY REGISTRAR.

A True Copy
Filed 12/10 1915 Geo. S. Martin
COUNTY REGISTRAR.