859

PLACE OF BIRTH

County of Graham

District of

Town of Safford

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 168

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 956

Co. Register No. 64

Local Registrar's No. 42

(No. St; Ward)

FULL NAME OF CHILD Berry Eugene West

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 (Month) (Day) (Yr.)
M	~~X~~		~~X~~	yes	Mar. 18 1916

FATHER		MOTHER	
Full Name	Allen Turner West	Full Maiden Name	Miriam Parker
Residence	Safford	Residence	Safford
Color or Race	W.	Color or Race	W.
Age at last Birthday (Years)	55	Age at last Birthday (Years)	39
Birthplace	North Carolina	Birthplace	Arkansaw
Occupation	Cattleman	Occupation	Housewife

Number of child of this mother 9 | Number of Children, of this mother, now living 9 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar. 18 1916, at 8 A.M.

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

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

Address Safford, Ariz.

Given or Christian name added from a supplemental report 191

Filed 4/5 1916. A. N. French
LOCAL REGISTRAR.

263-418-479
COUNTY REGISTRAR.

Filed 4/10 1916. A True Copy M. H. Martin
COUNTY REGISTRAR.