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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Apache
District of _____
Town of St. Johns
or _____
City of _____

BUREAU OF VITAL STATISTICS. 18 State Index No. 385
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 99
Local Registrar's No. 18

(No. _____ St; _____ Ward)
FULL NAME OF CHILD La Rue Maybin } Born } YES
Alive } ~~NO~~

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

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth May 25 1916
(Month) (Day) (yr.)

FATHER
Full Name James Maybin
Residence St. Johns, Arizona
Color or Race White Age at last Birthday 35 (Years)
Birthplace Ireland
Occupation Farmer

MOTHER
Full Maiden Name Julia Anna Johnson
Residence St. Johns, Arizona
Color or Race White Age at last Birthday 31 (Years)
Birthplace Utah
Occupation Housekeeper

Number of child of this mother 4 Number of children, of this mother, now living 4 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 May 25 1916, at 10^a M.
(Signature) Margaret Jarvis
(Attending ~~physician~~ midwife, householder*)

Given or christian name added from a _____
Address St. Johns, Arizona

supplemental report _____ 191_____
Filed 5/31 1916 Martin E. Evers LOCAL REGISTRAR.
Filed Jun 20 1916 R. J. Goulding COUNTY REGISTRAR.
True Copy

345-525-115
COUNTY REGISTRAR.

THIS CERTIFICATE MUST BE FILED WITHIN 5 DAYS AFTER BIRTH.