

2270

This certificate must be filed by the attending physician or midwife with each local registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Navajo BUREAU OF VITAL STATISTICS **354** State Index No. **714**
District of 2 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 23
Town of Saint Joseph Local Registrar's No. _____
or _____
City of _____ (No. _____ St; _____ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other <u>one</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>19 May 1916</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Ben R. Hunt</u>			Full Maiden Name <u>Pearl E. Hansen</u>		
Residence <u>Saint Joseph Ariz.</u>			Residence <u>Saint Joseph Ariz.</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>23</u> (Years)			Age at last Birthday <u>25</u> (Years)		
Birthplace <u>Snowflake Ariz.</u>			Birthplace <u>Saint Joseph Ariz.</u>		
Occupation <u>Farmer</u>			Occupation <u>Dress Maker</u>		

Number of child of this mother..... Number of children, of this mother, now living..... 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 19 May 1916, at 1:30 P.M.

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

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

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

Address Saint Joseph Ariz.

Filed.....191.....

J. H. Richards
LOCAL REGISTRAR.

493-519-785
COUNTY REGISTRAR.

Filed 2-4 1916

A True Copy
J. M. Bayl
COUNTY REGISTRAR.