

2596

IN ALL CASES OF MARRIAGE, DIVORCE, SEPARATION, DEATH, AND ALL OTHER MATTERS RELATING TO THE VITAL STATISTICS OF THIS STATE, THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma
District of Northwestern
Town of Hayden
or
City of _____

BUREAU OF VITAL STATISTICS **147** State Index No. 949
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 393
Local Registrar's No. _____

FULL NAME OF CHILD Donald Jamney Mac Donald (1) } Born } YES
Alive } NO

Sex of Child M Twin, Triplet or other _____ } and } Number in order of birth 1 Legitimate? Yes Date of Birth June 24 1916
(Month) (Day) (Yr.)

FATHER
Full Name William J. Mac Donald
Residence Hayden
Color or Race Wh Age at last Birthday 37 (Years)
Birthplace Nebraska
Occupation Cook Supt. Hayden Mill

MOTHER
Full Maiden Name Madge V. Jamney
Residence Hayden
Color or Race Wh Age at last Birthday 27 (Years)
Birthplace Utah
Occupation Housewife

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 June 24 1916 at 12:30 P. M.
(Signature) Charles H. Savan
(Attending physician, midwife, householder.)*

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

Filed Sept 30 1917 LOCAL REGISTRAR. H. Roberts
Filed Oct 5 1917 A True Copy B. S. Sizer COUNTY REGISTRAR.

444-629-178
COUNTY REGISTRAR.