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ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **129** State Index No. **501**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **230**
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

NAME OF CHILD Sourney Joe Sigon { Born } YES
 (Not named, make Supplemental Report on blank obtainable from local registrar.) { Alive } NO

Twin, Triplet or other and Number in order of birth Legitimacy Date of Birth Aug 23 1916
 (Month) (Day) (Yr.)

FATHER
Archie Sigon
Wm. Hill
 Age at last Birthday 28 (Years)
Alabama
clerk

MOTHER
 Full Maiden Name Annie Leslie Sourney
 Residence Same
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace River Bend, Ala
 Occupation Housewife

This mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I certify that I attended the birth of the above child; and that it occurred on Aug 23 1916, at 6:30 P.
 (Signature) A. J. Sigon
 (Attending physician, midwife, householder,*)

Christian name added from a report _____ 1916
 Filed Sept 4 1916 R. J. Fox LOCAL REGISTRAR.
5-823-128 Filed Sept 5 1916 R. J. Fox COUNTY REGISTRAR.
 A True Copy