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the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH ^{SUPPLEMENT ATTACHED} ARIZONA STATE BOARD OF HEALTH

County of Graham BUREAU OF VITAL STATISTICS State Index No. 153
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 199
Town of Pima or _____ Local Registrar's No. 1767
City of _____ (No. _____ St; _____ Ward)

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

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth Oct 23 1916
(Month) (Day) (Yr.)

FATHER
Full Name Eli D. Boswell
Residence Pima, Ariz.
Color or Race White Age at last Birthday 36 (Years)
Birthplace Arizona
Occupation Farmer

MOTHER
Full Maiden Name Amice H. Mathewson
Residence Pima Ariz.
Color or Race White Age at last Birthday 33 (Years)
Birthplace Utah
Occupation _____

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 above child; and that it occurred on Oct. 23, 1916, at 6 A. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) J. N. Hayward
(Attending physician, midwife, householder. *)
Address Pima, Arizona

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

Filed 11/4 1916 Art. French
LOCAL REGISTRAR.

123-1023-145
COUNTY REGISTRAR.

Filed 11/8 1916 A True Copy J. E. McWhist
COUNTY REGISTRAR.