775

PLACE OF BIRTH

County of _____

District of St David

Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

52 State Index No. 959

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 48

Local Registrar's No. _____

(No. ✓ St; _____ Ward)

FULL NAME OF CHILD Rex Cheney McRae

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

Born / Alive — YES / NO

Sex of Child Male | Twin, Triplet or other One | and | Number in order of birth One | Legitimate? Yes | Date of Birth Dec. 8 1916 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name Nymphus Chas. Charles Nymphus McRae	Full Maiden Name Sarah Francis Cheney
Residence St. David	Residence St. David
Color or Race White — Age at last Birthday 37 (Years)	Color or Race White — Age at last Birthday 38 (Years)
Birthplace Arizona	Birthplace Utah
Occupation Salesman	Occupation Housewife

Number of child of this mother 5th | Number of Children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 8th 1916, at 10 P M.

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

(Signature) E. B. Thompson
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191__

Address Box 153 - Benson Ariz -

Filed Dec 11 1916

Peter A. Lofgreen
LOCAL REGISTRAR

945-1208-238
COUNTY REGISTRAR.

Filed 1-4 1917

A True Copy

[signature]
COUNTY REGISTRAR.

... with each local Registrar within 5 days after birth.