

928

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
 County of Pima
 District of _____
 Town of Pine
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **181** State Index No. **1080**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 58
 Local Registrar's No. _____

FULL NAME OF CHILD Lowell Earl Leavitt } 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 4 } Legitimate? yes } Date of Birth 12 16 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name George N. Leavitt
 Residence Pine
 Color or Race White Age at last Birthday 28
 (Years)
 Birthplace Mesa Ariz
 Occupation Farming

MOTHER
 Full Maiden Name Mary L. Earl
 Residence Pine
 Color or Race White Age at last Birthday 25
 (Years)
 Birthplace Pine Arizona
 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 Dec 16 1916, at _____ M.
 (*When there is no attending physician or midwife, then the householder should make this return.)

(Signature) Gilphard Earl
 (Attending physician, midwife, householder. *)
 Address P.O. Miller
Pine Arizona
LOCAL REGISTRAR.

Given or christian name added from a supplemental report _____ 191_____
333-1216-453
COUNTY REGISTRAR.

Filed _____ 191_____
 Filed Mar 5 1917 A True Copy P.O. Miller
COUNTY REGISTRAR.