

1551

MARGIN RESERVED FOR BINDING
Write Plainly with Unfading Ink.—This is a permanent Record.
B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and number of each, in order of birth, stated. This certificate must be filed by the attending Physician with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 106A
Co. Register No. 182-
Local Registrar's No. _____

PLACE OF BIRTH
of Yuma
of Eslohe
of Eslohe

ORIGINAL CERTIFICATE OF BIRTH

(No. _____) (St. _____) (Ward _____)

NAME OF CHILD Donald Laurence Vaughn Born } YES
is not named, make Supplemental Report on blank obtainable from local registrar. Alive } ~~NO~~

Sex of child <u>Male</u>	Twin, Triplet or other _____	and } Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 4 1917</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Name <u>Donald L. Vaughn</u>	Full Maiden Name <u>Lucina Matherson</u>	Residence <u>Yuma</u>	Residence _____
Age at last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Color or Race _____
Birthplace <u>Calif.</u>	Birthplace <u>Portland Ore.</u>	Occupation <u>Newspaper man</u>	Occupation <u>Housewife</u>

Number of children of 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 hereby certify that I attended the birth of the above child; and that it occurred on Jan 4 1917 at 12:15 P.M.

(When there is no attending physician or midwife, then the householder could make this return.)

(Signature) [Signature]
(Attending physician, midwife, householder)

Address _____

Supplemental report _____ 1917

155-104-545
COUNTY REGISTRAR.

Filed May 8 1917 B. G. Day LOCAL REGISTRAR.
Filed May 9 1917 B. G. Day COUNTY REGISTRAR.