1656

PLACE OF BIRTH

County of Graham

District of Eden

Town of "

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 183 State Index No. 159

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 179

Local Registrar's No. 92

(No. St; Ward)

FULL NAME OF CHILD Hankins { Born / Alive } YES / NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Girl			6	y	5 - 4 - 1917

FATHER		MOTHER	
Full Name	John Hankins	Full Maiden Name	Lorne May Calvin
Residence	Eden	Residence	Eden
Color or Race	Mr	Color or Race	White
Age at last Birthday (Years)	35	Age at last Birthday (Years)	31
Birthplace	Utah	Birthplace	Ariz
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 6 | Number of Children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 5/4 1917, at 11P M.

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

(Signature) W E Pratt
(Attending physician, midwife, householder.*)

Address Safford, Ariz

Given or Christian name added from a supplemental report 191

Filed 5/31 1917.

W. Thorpe
LOCAL REGISTRAR.

482-504-935
COUNTY REGISTRAR.

Filed 6/9 1917.

A True Copy J. M. Dalton
COUNTY REGISTRAR.