

4834

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Macona  
District of Mesa #3

BUREAU OF VITAL STATISTICS **320** State Index No. 281  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 354  
Local Registrar's No. 498

Town of \_\_\_\_\_  
or  
City of Mesa (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Margaret Allen } Born } YES  
Alive }

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

Sex of Child Female Twin, Triplet or other 1 and Number in order of birth # Legiti. male yes Date of Birth May 17/1917  
(Month) (Day) (Year)

FATHER  
Full Name Joe Joseph Allen  
Residence Mesa  
Color or Race White Age at last Birthday 30 (Years)  
Birthplace Tennessee  
Occupation Farmer

MOTHER  
Full Maiden Name Glady's Estella Johnson  
Residence With husband  
Color or Race White Age at last Birthday 26 (Years)  
Birthplace Arizona  
Occupation Housewife

Number of child of this mother... 5 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 May 17/1917 at 430 P.M.

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

(Signature) J. E. Drane  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Mesa, Ariz

Filed June 1/1917

J. E. Drane  
LOCAL REGISTRAR

415-517-715

COUNTY REGISTRAR.

Filed June 1/1917  
A True Copy

A. B. Williams  
COUNTY REGISTRAR

Midwife with each local Registrar within 5 days after birth.