

961

PLACE OF BIRTH
 County of Yuma
 District of Sevier
 Town of _____
 or _____
 City of Sevier (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **133** State Index No. 600
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 344

FULL NAME OF CHILD Hazel Louise Warren { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate mate? <u>yes</u>	Date of Birth <u>Aug 1</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John Albert Warren</u>			Full Maiden Name <u>Florence Louise Crockett</u>		
Residence <u>289 East St</u>			Residence <u>same</u>		
Color or Race <u>white</u>			Color or Race <u>white</u>		
Age at last Birthday <u>44</u> (Years)			Age at last Birthday <u>39</u> (Years)		
Birthplace <u>Dunbar, Pa.</u>			Birthplace <u>Detroit, Mich.</u>		
Occupation <u>mine foreman</u>			Occupation <u>housewife</u>		
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>5</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 1 1917 at 6:30 P.M.
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) O. J. Sturgeon
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 1917
 Address _____
 Filed Aug 5 1917 LOCAL REGISTRAR. O. J. Sturgeon
 A True Copy
 Filed Sept 5 1917 COUNTY REGISTRAR. O. J. Sturgeon

865-801-633
 COUNTY REGISTRAR.