

PLACE OF BIRTH
 County of Apache
 District of _____
 Town or City of SAINT JOHNS, ARIZONA

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 24
 Co. Register No. 84
 Local Registrar's No. 25

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St. _____ Ward)

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

Sex of Child <u>♂</u>	Twin, Triplet or other _____	and } Number in order of birth _____	Legitimate <u>yes</u>	Date of Birth <u>July 31</u> 191 <u>8</u> (Month) (Day) (Yr.)
Full Name <u>Marion Haws</u>		Full Maiden Name <u>Eulalia Berry</u>		
Residence <u>SAINT JOHNS, ARIZONA</u>		Residence <u>SAINT JOHNS, ARIZONA</u>		
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)	
Birthplace <u>Utah</u>		Birthplace <u>SAINT JOHNS, ARIZONA</u>		
Occupation <u>Sheep man</u>		Occupation <u>Housewife</u>		

Number of child 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 7/31 1918, at 8 P. M.

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

(Signature) F. W. Brown
 (Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 1918

Address St Johns

Filed 8/5 1918 LOCAL REGISTRAR.

Filed 8/5 1918 True Copy F. W. Brown COUNTY REGISTRAR.

882-731-528 COUNTY REGISTRAR.