913

PLACE OF BIRTH

County of Gil

District of

Town of Young
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 142

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 416

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Helon West

Born Alive YES ~~NO~~ Yes

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.)
F	1		2	Yes	Aug 1 Thu 1918

FATHER		MOTHER	
Full Name	Melton West	Full Maiden Name	Ella Boren.
Residence	Dead	Residence	
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	22	Age at last Birthday (Years)	27
Birthplace		Birthplace	
Occupation		Occupation	house keeping

Number of child of this mother 12 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 191, at M.

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

(Signature)
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Mrs Delia Stone

Filed Sept 1918

Milton J Thompson
LOCAL REGISTRAR.

863-801-525
COUNTY REGISTRAR.

Filed Oct 7 1918

A True Copy

B. G. Fiax
COUNTY REGISTRAR.