

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 480

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 403

Town of Mission

Local Registrar's No. \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

Sex of Child Female Twin, Triplet or other One and Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth Aug 25<sup>th</sup> 1918  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Thomas Smith  
 Residence Clay Pool Arizona  
 Color or Race white Age at last Birthday 42 (Years)  
 Birthplace Utah  
 Occupation Millman

MOTHER  
 Full Maiden Name Hollis Smithson  
 Residence Clay Pool Arizona  
 Color or Race white Age at last Birthday 41 (Years)  
 Birthplace Tubac Arizona  
 Occupation Housewife

Number of child of this mother... 9 Number of children, of this mother, now living... 9 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 Aug 25<sup>th</sup> 1918 at 2:40 P.M.

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

(Signature) Dr. Anna Rezkor  
 (Attending physician, midwife, householder,\*)

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

Address Mission, Ariz. Box 387

308-825-825  
 COUNTY REGISTRAR.

Filed Aug 28 1918

John H. Lee  
 LOCAL REGISTRAR.

Filed Sept 9 1918

A True Copy B. E. Fox  
 COUNTY REGISTRAR.