2073

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 402

Co. Register No. 1231

Local Registrar's No.

PLACE OF BIRTH

County of Pima

District of

Town of

or City of Tucson (No. 5 Miles No of Tucson St. Ward)

FULL NAME OF CHILD Hazel Elizabeth Ahlgren

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

Born Alive: YES

Sex of Child: Female | ~~Twin, Triplet or other~~ and Number in order of birth | Legitimate? yes | Date of Birth: Sept (Month) 1 (Day) 1918 (Yr.)

FATHER

Full Name: Carl Ahlgren

Residence: Tucson

Color or Race: White | Age at last Birthday: 36 (Years)

Birthplace: Finland

Occupation: Gardner

MOTHER

Full Maiden Name: Elizabeth Uniinen

Residence: Tucson

Color or Race: White | Age at last Birthday: 31 (Years)

Birthplace: Finland

Occupation: Housewife

Number of child of this mother: 2 | Number of children, of this mother, now living: 2 | 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 Sept 1 1918, at 4 30 a.M.

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

(Signature) [illegible] (Attending physician, midwife, householder.*)

Address Tucson

Given or christian name added from a supplemental report 191

Filed 9-2 1918 [illegible] LOCAL REGISTRAR.

815-901-555 COUNTY REGISTRAR.

A True Copy

Filed 10-3 1918 [illegible] COUNTY REGISTRAR.

Physician or Registrar within 5 days after birth.