

2272

MIDWIFE with local Registrar within 5 days after birth.

PLACE OF BIRTH

APACHE

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 3

County of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 133

District of

Local Registrar's No. 41

Town of SAINT JOHNS, ARIZONA

City of (No. St; Ward)

FULL NAME OF CHILD *Cora Overson*

Born YES
Alive NO

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

Sex of Child *F* and Number in order of birth *1* Legitimate? *yes* Date of Birth *Oct 26, 1918*

FATHER
Full Name *George Leonard Overson*
Residence *SAINT JOHNS, ARIZONA*
Color or Race *White* Age at last Birthday *43* (Years)
Birthplace *Utah*
Occupation *Farmer*

MOTHER
Full Maiden Name *Mary Loretta Knight*
Residence *SAINT JOHNS, ARIZONA*
Color or Race *White* Age at last Birthday *35* (Years)
Birthplace *Utah*
Occupation *Housewife*

Number of child of this mother *6* Number of children, of this mother, now living *6* 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 *Oct 26, 1918* at *3:40 P* M.

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

(Signature) *Mrs. S. R. Fenney*
(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report 191

Address *SAINT JOHNS, ARIZONA*
Martin Fenney
LOCAL REGISTRAR.

365-1026-463
COUNTY REGISTRAR.

Filed *11/5* 1918
A True Copy
Filed *11/10* 1918
J. H. Brown
COUNTY REGISTRAR.