

2433

PLACE OF BIRTH
 County of Gila
 District of Arizona
 Town of Miami
 or
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 140
 Co. Registrar's No. 509
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct. 23- 1918</u>
Month	Day	Yr.			

FATHER		MOTHER	
Full Name <u>Hyrum J. Larson</u>	Full Maiden Name <u>Amanda Mack</u>	Residence <u>Miami - Arizona</u>	Residence <u>Miami - Arizona</u>
Color or Race <u>white</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>white</u>	Age at last Birthday <u>24</u> Years
Birthplace <u>Pajita, Arizona</u>	Occupation <u>Smeltingman</u>	Birthplace <u>Pajita, Arizona</u>	Occupation <u>Housewife</u>

Number of child of this Mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on Oct. 23- 1918, at A. M.

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

Signature Cyril M. Crow M.D.
 Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a Supplemental report _____ 1918

Filed Nov 7 1918 LOCAL REGISTRAR. John H. Loay

Filed Dec 5 1918 A True Copy COUNTY REGISTRAR. B. G. Jof

535-1023-142
 COUNTY REGISTRAR.