9021

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192

Co. Register No. 66

Local Registrar's No. 66

(No. ..... St.; ..... Ward)

PLACE OF BIRTH

ounty of Graham

istrict of "

own of Safford

or

ty of .....

ILL NAME OF CHILD John

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

Born Alive: NO / YES ✓

x of ild	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
male	one		4	yes	Apr. 28 1919

FATHER		MOTHER	
ll ame	Oliver P. John.	Full Maiden Name	Emma Irene Cluff
sidence	Safford.	Residence	Safford, Ariz.
lor Race	wh.	Color or Race	wh.
Age at last Birthday	32 (Years)	Age at last Birthday	36 (Years)
thplace	Utah.	Birthplace	Arizona
cupation	Farmer.	Occupation	Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

reby certify that I attended the birth of the above child; and that it occurred on Apr. 28 1919, at 1.a M.

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

(Signature) J. H. Stratton

(Attending physician, midwife, householder.*)

iven or Christian name added from a

plemental report ..... 191.....

Address

Filed 4/30 1919

W. S. Thorpe

LOCAL REGISTRAR.

515-428-536

COUNTY REGISTRAR.

A True Copy

Filed 5/7/ 1919

J. H. Stratton

COUNTY REGISTRAR.