19

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of APACHE

District of

Town of SAINT JOHNS, ARIZONA

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 10

Co. Register No. 82

Local Registrar's No. 23

(No. St; Ward)

FULL NAME OF CHILD Fred Albert Waite

Born Alive YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? yes | Date of Birth July 18 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Eugene Albert Waite	Full Maiden Name	Ira Beatrice Rudd
Residence	SAINT JOHNS, ARIZONA	Residence	SAINT JOHNS, ARIZONA
Color or Race	White	Color or Race	White
Age at last Birthday	19 (Years)	Age at last Birthday	17 (Years)
Birthplace	New Mexico	Birthplace	Texas
Occupation	Common Laborer	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 July 18 1919, at 1 P M.

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

(Signature) T J Bouldin MD

(Attending physician, ~~midwife, householder~~.*)

Address SAINT JOHNS, ARIZONA

Given or christian name added from a supplemental report 191

Filed 8/5 1919 Martin Jensen LOCAL REGISTRAR.

645-718-994

COUNTY REGISTRAR.

Filed 8/10 1919 A True Copy T J Bouldin COUNTY REGISTRAR.