

4388

the number of each 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 Vernon
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 11
 Co. Register No. 102
 Local Registrar's No. _____

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

Sex of Child <u>Boy</u>	<u>Twin, Triplet or other</u>	and	Number in order of birth <u>5th</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 16</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>H. Jesse Marble</u>			Full Maiden Name <u>Sarah Elizabeth Sanders</u>		
Residence <u>Vernon</u>			Residence <u>Vernon</u>		
Color or Race <u>White</u>		Age at last Birthday <u>41</u> (Years)	Color or Race _____		Age at last Birthday <u>34</u> (Years)
Birthplace <u>Nephi City, Utah</u>			Birthplace <u>Tonto Basin, Ariz.</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>5th</u>		Number of children, of this mother, now living <u>8</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 16 1919, at 6 P. M.

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

(Signature) N. M. Riggs
 (Attending physician, midwife, householder. *)

Given or christian name added from a _____
 supplemental report _____ 191____

Address Vernon

Filed Nov 5 191____ N. M. Riggs
 LOCAL REGISTRAR.

745-916-222
 COUNTY REGISTRAR.

Filed Nov 10 191____ A True Copy J. J. Beaulieu
 COUNTY REGISTRAR.