

4527

This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Yuma State Index No. 13
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 469
Town of _____ Local Registrar's No. _____
or _____
City of Sequoia (No. _____ St. _____ Ward)

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

Sex of Child Female Twin, Triplet or other other and { Number in order of birth 1 Legitimate? Yes Date of Birth Sept. 2, 1919
Month Day Yr.

FATHER		MOTHER	
Full Name	<u>George Sultan</u>	Full Maiden Name	<u>Ada Brownstone</u>
Residence	<u>Globe, Ariz.</u>	Residence	<u>Globe, Ariz.</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>38</u> Years	Age at last Birthday	<u>31</u> Years
Birthplace	<u>Navada</u>	Birthplace	<u>California</u>
Occupation	<u>Bookkeeper</u>	Occupation	<u>Housewife</u>

Number of child of this Mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 6.

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 2, 1919, at A.M.
 *When there is no attending physician or midwife, then the householder should make this return.

Signature J. L. Niles
Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191_____
Address Globe, Ariz.

Filed SEP 24 1919 LOCAL REGISTRAR. B. G. Jay
 Filed Oct 5 1919 A True Copy LOCAL REGISTRAR. B. G. Jay
125-902-125 COUNTY REGISTRAR. COUNTY REGISTRAR.