9594

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH SUPPLEMENT ATTACHED

County of Graham

District of Central

Town of ✓

or

City of —

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

Co. Register No. 195

Local Registrar's No. 179

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

FULL NAME OF CHILD Smith

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

Born Alive ~~NO~~ ~~YES~~ yes

| Sex of Child | Twin, ~~Triplet~~ or other | and | Number in order of birth | Legitimate? | Date of Birth ..... 191.... (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Boy | | 1 | 3 | yes | |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | James M Smith | Full Maiden Name | Minnie E Bigler |
| Residence | Central | Residence | Central |
| Color or Race | White | Color or Race | White |
| Age at last Birthday (Years) | 26 | Age at last Birthday (Years) | 24 |
| Birthplace | Ariz | Birthplace | Ariz |
| Occupation | Farmer | Occupation | Housewife |

Number of child of this mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? —

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 9-4 1919, at 9 a M.

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

(Signature) W. E. Reed
(Attending physician, midwife, householder.*)

Address

Given or Christian name added from a supplemental report ..... 191.....

Filed 10-30 1919

W. W. Thorpe
LOCAL REGISTRAR.

528-904-629
COUNTY REGISTRAR.

A True Copy
Filed 10-31 1919

J. N. Stratton
COUNTY REGISTRAR.