2384

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

SUPPLEMENT ATTACHED

State Index No. 193

Co. Register No. 184

Local Registrar's No. 168

PLACE OF BIRTH

County of Graham

District of Redlands

Town of ..... or City of .....

(No. ..... St., ... Ward)

FULL NAME OF CHILD Holiday

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

Born Alive: NO YES

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Girl				yes	10/7 1919

FATHER		MOTHER	
Full Name	Franklin H Holiday	Full Maiden Name	Ina Curtis
Residence	Ashurst	Residence	Ashurst
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	44	Age at last Birthday (Years)	39
Birthplace	Utah	Birthplace	Ariz
Occupation	Cattle Raiser	Occupation	Housewife

Number of child of this mother 7 | Number of Children, of this mother, now living 7 | 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 10/7 1919, at 8 P M.

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

(Signature) N E Real

(Attending physician, midwife, householder.*)

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

Address

Filed 10-30-1919

W. V. Thorpe
LOCAL REGISTRAR.

A True Copy

Filed 10-31-1919

J. N. Shelton
COUNTY REGISTRAR.

388-1007-932
COUNTY REGISTRAR.