AMENDMENT ATTACHED

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Maricopa

District of

Town of Phoenix
or
City of

State Index No. 330

Co. Register No. 7533

Local Registrar's No. 657

(No. 420 No. 9th and St; Ward)

FULL NAME OF CHILD John Hooper Allison Jr. Born / Alive YES ~~NO~~

Child is not named, make Supplemental Report on blank obtainable from local registrar

Male | Twin, Triplet or other Single and | Number in order of birth 1st | Legitimate? Yes | Date of Birth Nov (Month) 9 (Day) 1919 (Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Name | John H. Allison | Full Maiden Name | Eddie Abbott |
| Residence | Phoenix | Residence | Phoenix |
| Color or Race | White | Age at last Birthday | 23 (Years) |
| Birthplace | Texas | Birthplace | Oklahoma |
| Occupation | Confectionery store | Occupation | House wife |

Of child of this mother 1st | Number of Children, of this mother, now living 1st | Were precautions taken against Ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 11-9-1919, at 12 10 P.M.

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

(Signature) [signature]
(Attending physician, midwife, householder,*)

Address Phoenix

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

Filed 11-18-1919 Dr. H. K. Bauchamp
LOCAL REGISTRAR

115-1109-513
COUNTY REGISTRAR.

A True Copy

Filed ..... 191...

[signature]
COUNTY REGISTRAR.