

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in 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		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>89</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>11</u>	
Town of <u>Meau</u>				Local Registrar's No. _____	
or		(No. _____ St; _____		Ward) _____	
City of _____		FULL NAME OF CHILD <u>Jarvis E. Clark</u>		Born <input checked="" type="checkbox"/> YES	
		If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>2</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>December 2</u> 191 <u>9</u>
				(Month) (Day) (Yr.)	
FATHER			MOTHER		
Full Name <u>Jarvis E. Clark</u>			Full Maiden Name <u>Lillian Merrill</u>		
Residence <u>Meau</u>			Residence <u>Meau</u>		
Color or Race <u>Wh</u>	Age at last Birthday <u>40</u>			Color or Race <u>Wh</u>	Age at last Birthday <u>36</u>
				(Years)	
Birthplace <u>Dalhousie</u>			Birthplace <u>Ill</u>		
Occupation <u>Miner</u>			Occupation <u>X</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <input checked="" type="checkbox"/>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 2</u> 191 <u>9</u> at <u>1:10</u> P.M.					
*When there is no attending physician or midwife, then the householder should make this return.			(Signature) <u>Charles E. J. J. J.</u>		
			(Attending physician, midwife, householder.*)		
Given or christian name added from a supplemental report _____ 191 <u>9</u>			Address <u>Meau</u>		
332-1202-313			J. H. Slaughter		
COUNTY REGISTRAR.			LOCAL REGISTRAR.		
Filed <u>Dec 5</u> 19 <u>19</u>			A True Copy <u>B. J. J. J.</u>		
			COUNTY REGISTRAR.		