

N. B.—In case of more than one child at 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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Mila State Index No. 116
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 710
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD John Moriens Allen Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ~~NO~~

Sex of Child Male Twin, Triplet or other } and { Number in order of birth 3 Legiti- mate? yes Date of Birth Dec 13 - 1919
 Month Day Yr.

| FATHER | | | MOTHER | | |
|---------------|--------------------------|--------------------------------------|------------------|-------------------------|--------------------------------------|
| Full Name | <u>Henry Allen</u> | | Full Maiden Name | <u>Ruth Sarah Weyer</u> | |
| Residence | <u>Miami - Arizona</u> | | Residence | <u>Miami - Arizona</u> | |
| Color or Race | <u>White</u> | Age at last Birthday <u>31</u> Years | Color or Race | <u>White</u> | Age at last Birthday <u>29</u> Years |
| Birthplace | <u>Batesville, Texas</u> | | Birthplace | <u>Graham - Texas</u> | |
| Occupation | <u>Office man</u> | | Occupation | <u>Housewife</u> | |

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 Dec 13, 1919, at 10²⁰ AM.

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

Signature April M. Cron M.D.
 Attending physician, midwife, householder*

Given or Christian name added from a
 supplemental report _____ 191____

Address Miami - Ariz

Filed Dec 15 1919
115-1213-919
 COUNTY REGISTRAR.

Filed Dec 28 1919 A True Copy
B. J. Fox
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.