

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Yuma State Index No. 193
 District of Eschobar Young Co. Register No. 146
 Town of Young Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD William Vinal Cohea } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth <u>Jan 25 1920</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>William Monroe Cohea</u>	Residence <u>Young</u>		Full Maiden Name <u>Eulalia Adams Cohea</u>	Residence <u>Young</u>	
Color or Race <u>White</u>	Age at last Birthday <u>41</u> (Years)	Birthplace <u>Tex</u>	Color or Race <u>White</u>	Age at last Birthday <u>35</u> (Years)	Birthplace <u>Texas</u>
Occupation <u>Ranching</u>			Occupation <u>Ranching</u>		

Number of child of this mother. 2 Number of children, of this mother, now living. 2 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 25 1920 at Young.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) _____ (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191.....
 Address Young, Ariz
 Filed Feb 25 1920 William J. Thompson LOCAL REGISTRAR.
631-125-531 A True Copy R. G. Fox COUNTY REGISTRAR.
 COUNTY REGISTRAR.