PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Hayden

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196

Co. Register No. 84

Local Registrar's No. 20-11

(No. St; Ward)

FULL NAME OF CHILD Harold Don Leonard Anderson

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Jan (Month) 25 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Scott M. Anderson	Full Maiden Name	Catherine E. Kaemper
Residence	Hayden – Ariz	Residence	Hayden – Ariz
Color or Race	Am	Color or Race	Am.
Age at last Birthday	47 (Years)	Age at last Birthday	39 (Years)
Birthplace	Virginia	Birthplace	Cincinnati, Ohio
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? yes

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 4:30 A. M.

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

(Signature) Leonard S. Wood M.D.
(Attending physician, ~~midwife~~, ~~householder~~.*)

Address Winkelman, Ariz

Given or christian name added from a supplemental report 191

Filed Jan 26 1920

W. B. [illegible]
LOCAL REGISTRAR.

815-125-329
COUNTY REGISTRAR.

Filed Feb 9 1920

A True Copy B. G. Fox
COUNTY REGISTRAR.