

2 1 1 1

PLACE OF BIRTH
County of Maricopa
District of _____
Town of Chandler
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 274
Co. Register No. _____
Local Registrar's No. 2
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Chester Marton Perkins { Born } YES
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 _____ Legitimate? _____ Date of Birth Jan 2 1920
(Month) (Day) (Yr.)

FATHER
Full Name Ruben J. Perkins
Residence Chandler
Color or Race White Age at last Birthday 35
(Years)
Birthplace Taylor Arizona
Occupation Farmer

MOTHER
Full Maiden Name Lina Kertchner
Residence Chandler
Color or Race White Age at last Birthday 36
(Years)
Birthplace Snowflake Arizona
Occupation H.W.R.

Number of child of this mother 7 Number of Children, of this mother, now living 5 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 Jan 2 1920 at 9 P.M.

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

(Signature) Jas M. Meason
(Attending physician, midwife, householder.*)

Address Good year Cir
Jas. M. Meason
LOCAL REGISTRAR.

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

Filed 2/4 1920

Filed 2-6 1920 A True Copy

372-102-929
COUNTY REGISTRAR.

do. ut. w. [unclear]
COUNTY REGISTRAR.