

PLACE OF BIRTH
County of Navajo
District of _____
Town of Taylor
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
(No. _____ St.; _____ Ward)

State Index No. 423
Co. Register No. 12
Local Registrar's No. _____

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>3rd</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 13 1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Marion V. Gibbons</u>			Full Maiden Name <u>Mary H. Gibbons</u>		
Residence <u>Taylor</u>			Residence <u>Taylor</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>26</u> (Years)	
Birthplace <u>St. Johns</u>			Birthplace <u>Taylor</u>		
Occupation <u>Schoolteacher</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3rd</u>	Number of Children, of this mother, now living <u>3rd</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 13 1920, at 9 AM.

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

(Signature) Anna Nelson
(Attending physician, midwife, householder.*)

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

Address Taylor Ariz
Filed 2/1 1920
Julia Hatch
LOCAL REGISTRAR.

272-113-472
COUNTY REGISTRAR.

A True Copy
Filed 2/6 1920
Smith Kempner
COUNTY REGISTRAR.