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

PLACE OF BIRTH

County of Gila

District of

Town of Hayden
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

Co. Register No. 131

Local Registrar's No. 19

(No. St; Ward)

FULL NAME OF CHILD Ina May Booth

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

Born Alive YES

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
female				Yes	Feb. (Month) 20 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Jonathan Loveall Booth	Full Maiden Name	Minnie Alice Salmon
Residence	Hayden, Ariz.	Residence	Hayden, Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	36 (Years)	Age at last Birthday	40 (Years)
Birthplace	Peru, Kansas	Birthplace	Bloomfield N. M.
Occupation	Mechanic and Teacher	Occupation	mother—

Number of child of this mother 6 | 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 above child; and that it occurred on Feb. 20 1920, at 1 a. M.

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

(Signature) W. G. Carson
(Attending physician, ~~midwife, householder.~~)

Given or christian name added from a supplemental report 191

Address Hayden, Arizona

Filed 2-23 1920

W. B. Dunn
LOCAL REGISTRAR.

928-220-425
COUNTY REGISTRAR.

Filed Mar 8 1920

A True Copy

B. G. Fox
COUNTY REGISTRAR.