

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 139

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 159

Town of Hayden
or _____

Local Registrar's No. 24

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Le Roy Franklin Barnes Jr } Born } YES
If 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? ye } Date of Birth March 4 1920
(Month) (Day) (Yr.)

FATHER
Full Name Le Roy F. Barnes
Residence Hayden Ariz
Color or Race W Age at last Birthday 29 (Years)
Birthplace California
Occupation Electrical Crafterman

MOTHER
Full Maiden Name Edith H. Bliss
Residence Hayden Ariz
Color or Race W Age at last Birthday 24 (Years)
Birthplace California
Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... Were precautions taken against Ophthalmia neonatorum? ye

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 4 1920 at 3 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Leonard Alwood M.D.
(attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____
Address Kingman Ariz

Filed Mar 5 1920 N. B. Dush LOCAL REGISTRAR.
322-304-522 Filed Apr 8 1920 True Copy B. R. L. at COUNTY REGISTRAR.
COUNTY REGISTRAR. COUNTY REGISTRAR.