

OF ATTENDING PHYSICIAN OR MIDWIFE TO BE FILED WITHIN 5 DAYS AFTER BIRTH.

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
 County of Yuma State Index No. 45  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 144  
 Town of Hayden or \_\_\_\_\_ Local Registrar's No. 26  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

Sex of Child Female Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth Mar 14 1920  
 Month Day Yr.

FATHER			MOTHER		
Full Name	<u>John Theodore Smith</u>		Full Maiden Name	<u>Helen Marie Priens</u>	
Residence	<u>Hayden Ariz</u>		Residence	<u>Hayden Ariz</u>	
Color or Race	<u>Wm</u>	Age at last Birthday <u>28</u> Years	Color or Race	<u>Wm</u>	Age at last Birthday <u>22</u> Years
Birthplace	<u>Ohio</u>		Birthplace	<u>Grand Rapids, Mich</u>	
Occupation	<u>Shoe Maker</u>		Occupation	<u>Housewife</u>	
Number of child of this Mother	<u>1</u>	Number of Children, of this mother, now living	<u>1</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 Mar 14 1920 at 7 A.M.

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

Signature Leonard S. Blood M.D.  
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
 Address Winkelman, Ariz

Filed Mar 14 1920 LOCAL REGISTRAR. N. B. Nick  
 Filed Apr 8 1920 A True Copy B. G. J. J. J.  
 COUNTY REGISTRAR. COUNTY REGISTRAR.

428-314-272  
 COUNTY REGISTRAR.