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R. A. WALKERS PRINTING CO., PHOENIX

PLACE OF BIRTH  
 County of Graham  
 District of Central  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 of \_\_\_\_\_

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

State Index No. 95  
 Co. Register No. 75  
 Local Registrar's No. 56

ORIGINAL CERTIFICATE OF BIRTH

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

LEGAL NAME OF CHILD Clarice Marie Thurman } Born } NO  
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } YES

Sex of child <u>Girl</u>	Twin, Triplet or other _____	and	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>3-20-1920</u> (Month) (Day) (Yr.)
FATHER <u>J. P. Thurman</u>			MOTHER <u>Suey Burney</u>		
Residence <u>Central Ariz</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>	Residence <u>Central Ariz</u>	Age at last Birthday <u>27</u> (Years)	Color or Race <u>White</u>
Place of Birth <u>Arizona</u>	Occupation <u>Farmer</u>	Birthplace <u>W. Va.</u>	Occupation <u>Housewife</u>		
Number of children of mother <u>7</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I certify that I attended the birth of the above child; and that it occurred on 3/20 1920 at 4 A.M.  
 when there is no attending physician or midwife, then the householder make this return.

(Signature) W. E. O'Leary  
 (Attending physician, midwife, householder.)\*  
Safford, Arizona

Address \_\_\_\_\_  
 or Christian name added from a \_\_\_\_\_  
 Supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
 Filed 4-5 1920.

Alma Burns  
 LOCAL REGISTRAR.

335-320-328 A True Copy  
 COUNTY REGISTRAR. Filed 4-10 1920.

J. G. Stratton  
 COUNTY REGISTRAR.