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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Yuma State Index No. 142
District of _____ Co. Registrar's No. 241
Town of Hayden Local Registrar's No. 32
or _____
City of _____ (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Arachee Lee Bagkin Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 12</u> 19 <u>20</u>
					Month Day Yr.

FATHER			MOTHER		
Full Name <u>William Nelson Bagkin</u>	Full Maiden Name <u>Dora C. Howard</u>		Residence <u>Hayden - Ariz</u>	Residence <u>Hayden - Ariz</u>	
Color or Race <u>W</u>	Age at last Birthday <u>25</u> Years		Color or Race <u>W</u>	Age at last Birthday <u>31</u> Years	
Birthplace <u>Texas</u>			Birthplace <u>Kansas</u>		
Occupation <u>Milk Man</u>			Occupation <u>Housewife</u>		

Number of child of this Mother 3 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 12 1920 at 6:40 P.M.

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

Signature Ronald Blood M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a _____ Address Kingman

Supplemental report _____ 191____ Filed April 1920

425-412-484 A True Copy Filed May 8 1920

COUNTY REGISTRAR.