PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of

Town of Young
or
City of

State Index No. 150

Co. Register No. 250

Local Registrar's No.

(No. ([illegible] Ward)

FULL NAME OF CHILD Avis Irene Bostrom

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female					April 17 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Helmer H Bostrom	Full Maiden Name	Alice E Clark Bostrom
Residence	Young	Residence	Young
Color or Race	White	Color or Race	White
Age at last Birthday	39 (Years)	Age at last Birthday	37 (Years)
Birthplace	Rapid City So. Dakota	Birthplace	Custer So Dakota
Occupation	Rancher	Occupation	

Number of child of this mother 3 | Number of Children, of this mother, now living 3 | 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 _____ 191__, at _____ M.

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

(Signature) H H Bostrom
(~~Attending physician, midwife~~, householder.*)

Given or Christian name added from a supplemental report _____ 191__

Address _____

Filed 4/30 1920 Milton J Thompson
LOCAL REGISTRAR.

124-417-132
COUNTY REGISTRAR.

Filed May 20 1920 A True Copy B. G. Fia
COUNTY REGISTRAR.

Returned for signature

...h local Registrar within 5 days after birth.