4330

SUPPLEMENT ATTACHED

PLACE OF BIRTH

County of Graham

District of Safford

Town of Central

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207

Co. Register No. 153

Local Registrar's No. 119

(No. St; Ward)

FULL NAME OF CHILD Beth Christen

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 (Month) (Day) (Yr.)
Female				Yes	6 19 1920

FATHER

Full Name V. Christen

Residence Central

Color or Race White

Age at last Birthday 27 (Years)

Birthplace Ariz

Occupation Farmer

MOTHER

Full Maiden Name S. J. Butler

Residence Central

Color or Race White

Age at last Birthday 18 (Years)

Birthplace Ark

Occupation Housekeeper

Number of child of this mother 1

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 occured on 9 1920, at 4:30 A.M.

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

(Signature) J. M. Morris

(Attending physician, midwife, householder.*)

Address Safford

Given or Christian name added from a supplemental report 1920

Filed 7-5 1920

Alma Burns

LOCAL REGISTRAR.

235-619-229

COUNTY REGISTRAR.

Filed 7-10 1920

A True Copy

J. G. Stratton

COUNTY REGISTRAR.