

2160

The number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

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

PLACE OF BIRTH Yuma  
County of Yuma State Index No. 103  
District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 714  
Town of \_\_\_\_\_ or \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
City of Yuma (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth	Month <u>July</u>	Day <u>14</u>	Yr. <u>1920</u>
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FATHER				MOTHER			
Full Name <u>Frank Corn</u>	Residence <u>Globe, Arizona</u>	Color or Race <u>White</u>	Age at last Birthday <u>33</u> Years	Full Maiden Name <u>Myrtle Forrest</u>	Residence <u>Globe, Arizona</u>	Color or Race <u>White</u>	Age at last Birthday <u>25</u> Years
Birthplace <u>Lincoln County, New Mex</u>	Occupation <u>Steamster</u>			Birthplace <u>Las Vegas, New Mex</u>	Occupation <u>Housewife</u>		

Number of child of this Mother 3 Number of Children, of this mother, now living 2 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 July 14 1920 at 2:30 P.M.

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

Signature Alvin Kirnise M.D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address Globe Arizona

Filed 7/16 1920 LOCAL REGISTRAR.

Filed 8/5 1920 A True Copy R.G. J. A. COUNTY REGISTRAR.

635-714-463 COUNTY REGISTRAR.