631

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Maricopa

District of Mesa #3

Town of _____ or City of Chandler

State Index No. 449

Co. Register No. 98648

Local Registrar's No. 424

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Ellen LeOra Damron

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

Born / Alive: YES ~~NO~~

Sex of Child: Female | Twin / Triplet / or other: ~~Twin~~ | and | Number in order of birth: ~~Number~~ | Legitimate? yes | Date of Birth: Aug (Month) 29 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Eugene Dameron	Full Maiden Name	Harriet Moody
Residence	Chandler, Ariz	Residence	Chandler, Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	43 (Years)	Age at last Birthday	35 (Years)
Birthplace	Utah	Birthplace	New Mexico
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 9 | Number of Children, of this mother, now living 6 | 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 Aug 29 1920, at _____ M.

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

(Signature) C. A. Andresen

(Attending physician, ~~midwife~~, ~~householder~~.*)

Address Chandler, Arizona

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

Filed Sept 10 1920

J. E. Drane Jr.

LOCAL REGISTRAR.

545-829-848

COUNTY REGISTRAR.

Filed Oct 7 1920.

A True Copy

[illegible]

COUNTY REGISTRAR.