2133

CERTIFICATE AMENDED ✗ SPELLING OF FIRST AND LAST NAME AMENDED BY SUPPLEMENTARY REPORT OF REGISTRANT (4-9-73 lms)
SEE NOTATION ✗

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Coconino
District of Williams
Town of Williams
or
City of ..... (No. ..... St; ..... Ward)

State Index No. 207
Co. Register No. 211
Local Registrar's No. .....

FULL NAME OF CHILD Yvonne Anne Pouquette
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: 1 | and | Number in order of birth: 1 | Legitimate? yes | Date of Birth: Oct (Month) 19 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Leon Pouquette	Full Maiden Name	Amelie Bordenave
Residence	Williams	Residence	Williams
Color or Race	White	Color or Race	White
Age at last Birthday	28 (Years)	Age at last Birthday	27 (Years)
Birthplace	France	Birthplace	Calif.
Occupation	Stockgrower	Occupation	House Wife

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 occurred on Oct 19 1920 at 8:30 p.M.

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

(Signature) A. G. Rammell, M.D.
(Attending physician, midwife, householder.*)

Address Williams, Ariz.

Given or Christian name added from a supplemental report ..... 191..

Filed 10-23 1920 C. D. Jeffries
LOCAL REGISTRAR.

A True Copy

Filed Nov 6 1920 G. H. Manning Jr.
COUNTY REGISTRAR.

COUNTY REGISTRAR.

875-1061-125