

2651

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Maricopa
 District of Mesa #13
 Town of Mesa
 or
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4777
 Co. Register No. 98941
 Local Registrar's No. 575

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

Sex of Child <u>Boy</u>	Twin, Triplet or other <u>none</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct 31 1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John Magnusen</u>			Full Maiden Name <u>Letta May McAllister</u>		
Residence <u>Mesa</u>			Residence <u>Mesa</u>		
Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>27</u> (Years)	
Birthplace <u>Arizona</u>			Birthplace <u>Kentucky</u>		
Occupation <u>Submarine Mechanic</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3rd</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 31 1920, at 3:45 A.M.

(Signature) J. P. Nelson MD
 (Attending physician, midwife, householder.)*

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

Given or Christian name added from a _____
 Supplemental report _____ 191____
 Address _____
 Filed Nov 1 1920.
 True Copy Filed Nov 6 1920.
545-1031-745 COUNTY REGISTRAR.
J. E. Drane Jr. LOCAL REGISTRAR.
H. R. Carlson COUNTY REGISTRAR.