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N. B.—In case of more than one child at a birth, a SUPPLEMENT must be made for each child, stating 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.

PLACE OF BIRTH

County of Apache

District of St Johns

Town of St Johns

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 22

Co. Registrar's No. 22

Local Registrar's No. 12

SUPPLEMENT ATTACHED

(No. St; Ward)

FULL NAME OF CHILD

Born Alive: YES ~~NO~~

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

Sex of Child	Twin, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
f				yes	Feb 21 1921

FATHER		MOTHER	
Full Name	David Nelson	Full Maiden Name	Thompson
Residence	St Johns Ariz.	Residence	St Johns Ariz.
Color or Race	W	Color or Race	W
Age at last Birthday	31 Years	Age at last Birthday	26 Years
Birthplace	Arizona	Birthplace	Arizona
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 Feb 21 1921, at 4 p M.

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

Signature T J Boulden

Attending physician, midwife, householder.*

Address St Johns Ariz

Given or Christian name added from a supplemental report 191

Filed 3/9 1921

Martin

LOCAL REGISTRAR.

355-221-835

COUNTY REGISTRAR.

Filed 3/10 1921

A True Copy

T J Boulden

COUNTY REGISTRAR.