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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 Greenlee

District of Morenci

Town of

or

City of (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 242

Co. Registrar's No. 55

Local Registrar's No. 38

FULL NAME OF CHILD Robert Eduard Lindquist

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

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other | and | Number in order of birth | Legitimate Yes | Date of Birth Feb 16 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Oscar Leonard Lindquist	Full Maiden Name	Margaret Wilson
Residence	Morenci	Residence	Morenci
Color or Race	Amer	Color or Race	Amer
Age at last Birthday	37 Years	Age at last Birthday	34 Years
Birthplace	Sweeden	Birthplace	Higganum, Conn
Occupation	Engineer	Occupation	Housewife

Number of child of this Mother 7 | Number of Children, of this mother, now living 7 | 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 16 1921, at 12 01 A.M.

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

Signature Charlton Jay MD
Attending physician, midwife, householder.*

Address Morenci Ariz

Given or Christian name added from a supplemental report 191

Filed Feb 20 1921

[signature]
LOCAL REGISTRAR.

933-216-465
COUNTY REGISTRAR.

Filed 3-7 1921

A True Copy

L. A. W. Burtch, M.
COUNTY REGISTRAR.