974

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Apache

District of St Johns

Town of St Johns
or
City of

State Index No. 7

Co. Registrar's No.

Local Registrar's No. 18

(No. St; Ward)

FULL NAME OF CHILD Pauline Day

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 | and | Number in order of birth | Legitimate? yes | Date of Birth March 16 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Francis Day	Full Maiden Name	Laura Farr
Residence	St. Johns, Ariz.	Residence	St. Johns, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	29 Years	Age at last Birthday	26 Years
Birthplace	Ariz	Birthplace	Ariz.
Occupation	Mechanic	Occupation	Housewife

Number of child of this Mother 2 | 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 Mar. 16 1921, at 6 a M.

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

Signature J. N. Heywood
Attending physician, midwife, householder.*

Address St. Johns, Ariz.

Given or Christian name added from a supplemental report 191

Filed 3/30 1921

Martin Fender
LOCAL REGISTRAR.

748-316-369
COUNTY REGISTRAR.

A True Copy

Filed 191

COUNTY REGISTR

the number of each, in order of birth, stated. This certificate must be filed by the attending or midwife with each local Registrar within 5 days after birth.