

1187

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila
District of _____
Town of Hayden
or _____
City of _____ (No. _____ St. _____ Ward _____)

State Index No. 157
Co. Registrar's No. 12
Local Registrar's No. 12

FULL NAME OF CHILD Margaret Cottrell Jones Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES

Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 20</u> 19 <u>21</u>
					Month Day Yr.

FATHER		MOTHER	
Full Name <u>Ralph Phillip Jones</u>	Residence <u>Hayden</u>	Full Maiden Name <u>Beulah Bier Cottrell</u>	Residence <u>Hayden</u>
Color or Race <u>White</u>	Age at last Birthday <u>29</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>31</u> Years
Birthplace <u>Wayon City Michigan</u>	Occupation <u>Physician & Surgeon</u>	Birthplace <u>Bucyrus Ohio</u>	Occupation <u>Housewife</u>

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 March 20 1921, at 1:30 P.M.

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

Signature J.E. Utzinger M.D.
Attending physician, midwife, householder.*

Address Hayden, Ariz.

Given or Christian name added from a supplemental report _____ 191

Filed Mar 21 1921 Filed Apr 4 1921 A True Copy

COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.

or midwife with each local registrar within 10 days after birth.

412-320-233