

2075

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **116**

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. **211**
Local Registrar's No. **13**

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

FULL NAME OF CHILD James Marshall Spent Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child <u>M.</u>	<input checked="" type="checkbox"/> Twin, Triplet or other	and	Number in order of birth _____	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>Apr. 1st.</u> 19 <u>21</u>
Full Name <u>William Francis Spent</u>		FATHER		Full Maiden Name <u>Grace Blanche Rogers</u>	
Residence <u>Hayden</u>		MOTHER		Residence <u>Hayden</u>	
Color or Race <u>W.</u>	Age at last Birthday <u>45</u> Years	Color or Race <u>W.</u>	Age at last Birthday <u>32</u> Years	Birthplace <u>Georgia</u>	
Occupation <u>Accountant</u>		Birthplace <u>Maine</u>		Occupation <u>N. Y.</u>	

Number of child of this Mother 3rd Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum AgHo3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr. 1st. 1921, at 11:20 M.

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

Signature O.E. Wiggins, M.D.
Attending physician, midwife, householder.*

Address Hayden, Ariz.
257 B. Duval

Given or Christian name added from a supplemental report _____ 1911

Filed Apr 11 1921 A True Copy
Filed May 7 1921

143-401-792
COUNTY REGISTRAR.

A. B. Dault
LOCAL REGISTRAR.
COUNTY REGISTRAR.