

2202

Name Added by Supplement. el

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of

BUREAU OF VITAL STATISTICS

State Index No. 215

District of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 140

Town of

Local Registrar's No.

City of

(No. St.; Ward)

FULL NAME OF CHILD Lark J. Wilkins

Born } NO
Alive } YES

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

Sex of Child male Twin, Triplet or other X } and { Number in order of birth Legitimate? Yes Date of Birth Apr 1 1921 (Month) (Day) (Yr.)

FATHER Full Name Joseph David Wilkins Residence Phoenix Az Color or Race White Age at last Birthday 43 (Years) Birthplace Alabama Occupation Farmer

MOTHER Full Maiden Name Clara Ellen Lark Residence Phoenix Az Color or Race White Age at last Birthday 34 (Years) Birthplace Utah Occupation Housewife

Number of child of this mother 5 Number of Children, of this mother, now living 4 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 Apr 1 1921, at 5 P M.

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

(Signature) J. H. Riley M.D. (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report

Address Phoenix Az Filed May 4 1921

362-401-333 COUNTY REGISTRAR.

A True Copy, Filed 3-6 1921

LOCAL REGISTRAR J. C. ... COUNTY REGISTRAR.

Form used by the attending Physician or midwife with each local Registrar within 5 days after birth.