

IN ALL CASES OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN must be made for each, and 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **12**
Co. Registrar's No. **84**
Local Registrar's No. **76**

ORIGINAL CERTIFICATE OF BIRTH

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

FULL NAME OF CHILD _____ } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 15</u> 19 <u>21</u>
					Month Day Yr.

FATHER	MOTHER
Full Name <u>Don Robert Patterson</u>	Full Maiden Name <u>Edna Alma Hamblin</u>
Residence <u>St. Johns, Ariz.</u>	Residence <u>St. Johns, Ariz.</u>
Color or Race <u>White</u> Age at last Birthday <u>22</u> Years	Color or Race <u>White</u> Age at last Birthday <u>21</u> Years
Birthplace <u>Ariz.</u>	Birthplace <u>Ariz.</u>
Occupation <u>Bookkeeper</u>	Occupation <u>Housewife</u>

Number of child of this Mother 1 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 May 15 1921, at H.A.M.

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

Signature J. N. Hayward
 Attending physician, midwife, householder.*
 Address St. Johns, Ariz.
Walter J. Jensch
 LOCAL REGISTRAR.

Given or Christian name added from a supplemental report _____ 1921
575-515-145
 COUNTY REGISTRAR.

Filed 6/2 1921
 Filed 6/10 1921 A True Copy
W. J. Boulder
 COUNTY REGISTRAR.
 CO. SUPT. OF HEALTH