

1701

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

NAME ADDED BY SUPPLEMENT

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 19  
Co. Registrar's No. 133  
Local Registrar's No. 15

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

Sex of Child Female ~~Twin~~ ~~Triplet~~ or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth July 29 1921  
Month Day Yr.

FATHER  
Full Name Isaac Isaacson Jr  
Residence St Johns Ariz  
Color or Race White Age at last Birthday 34 Years  
Birthplace St. Johns, Ariz.  
Occupation leatherman

MOTHER  
Full Maiden Name Francis Linda Lewis  
Residence St Johns Ariz  
Color or Race White Age at last Birthday 33 Years  
Birthplace New Mexico  
Occupation House wife

Number of child of this Mother 4 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 7/29 1921 at 4:30 P.

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

Signature Margaret Jannis  
Attending physician, midwife, householder.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191

Address St. Johns Ariz

995-729-632  
COUNTY REGISTRAR.

Filed 8/6 1921

M. K. Fournier  
LOCAL REGISTRAR.

Filed Aug 10 1921

A True Copy  
[Signature]  
COUNTY REGISTRAR.