PLACE OF BIRTH

County of Gila,

District of Young,

Town of Young,
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143

Co. Register No. 500

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Ester Laurel Chapman,

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Girl	one		4	yes	8 - 15th, 1921.

FATHER		MOTHER	
Full Name	Frank Chapman,	Full Maiden Name	Viola Allen,
Residence	Young, Arizona.	Residence	Young, Arizona,
Color or Race	W. American,	Color or Race	W. American,
Age at last Birthday	39 (Years)	Age at last Birthday	25 (Years)
Birthplace	Arkansas,	Birthplace	Oklahoma,
Occupation	Farmer,	Occupation	Housewife

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 8-15 1921, at _____ M.

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

(Signature) Frank Chapman
(Attending physician, midwife, ~~householder~~ father)

Address Young, Arizona.

Given or Christian name added from a supplemental report ~~Sept. 2nd~~ 1921

Filed 9-3-21 191

Milton J. Thompson
LOCAL REGISTRAR.

535-815-515
COUNTY REGISTRAR.

Filed Nov 6 1921

A True Copy

D. Smith
COUNTY REGISTRAR.