

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

County of Maricopa State Index No. 141  
 District of Prima Co. Register No. 268  
 Town of Eden or \_\_\_\_\_ Local Registrar's No. 268  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Charlotte Hancock { Born } Yes  
 If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } ~~NO~~

Sex of Child	<u>Male</u>	Triplet or other	<del>Yes</del>	and	Number in order of birth	<u>1</u>	Legitimate?	<u>yes</u>	Date of Birth	<u>9 8 1921</u>
									(Month) (Day) (Yr.)	
Full Name	FATHER <u>Ira Hancock</u>					MOTHER <u>Sarah M. Wilkins</u>				
Residence	<u>Eden</u>					<u>Eden</u>				
Color or Race	<u>white</u>	Age at last Birthday	<u>36</u>	(Years)	Color or Race	<u>white</u>	Age at last Birthday	<u>35</u>	(Years)	
Birthplace	<u>Ariz.</u>					<u>Ariz.</u>				
Occupation	<u>Rancher</u>					<u>Housewife</u>				

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 9/8 1921, at 9:30 P.M.,  
 { \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) J. N. Stralton  
 (Attending physician, midwife, householder\*)  
 Address Prima Ariz.

Given or Christian name added from a supplemental report \_\_\_\_\_ 1921  
 Filed 10-5-1921

357-906-202 COUNTY REGISTRAR.  
 Filed 10-10-1921 A True Copy  
J. N. Stralton LOCAL REGISTRAR.  
 COUNTY REGISTRAR.