

117E

PLACE OF BIRTH  
County of Yavapai  
District of Safford  
Town of Pima  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
**AMENDMENT ATTACHED**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
State Index No. 158  
Co. Registrar No. 289  
Local Registrar's No. 280  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD \_\_\_\_\_  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES  
Alive

Sex of child <u>male</u>	Twin, Triple or other <u>single</u>	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 22 1921</u> (Month) (Day) (Yr.)
FATHER Full name <u>Joseph Leank Coons</u> Residence <u>Pima</u>			MOTHER Full Maiden Name <u>Felma May Borer</u> Residence <u>Pima</u>		
Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>20</u> (Years)	Birthplace <u>Arizona</u>	
Birthplace <u>Delihuatua Mex.</u>	Occupation <u>Farmer</u>	Occupation <u>House wife</u>	Number of Child of this mother <u>2</u>		
Number of children of this mother now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on 9/22 1921, 8:30 P.M.

\*When there is no attending physician or midwife, then the householder should make this return. (Signature) R. B. Dyden M.D.  
(Attending physician, midwife, householder.)

Given or Christian name added from a \_\_\_\_\_ Address Pima, Ariz.  
Supplemental report \_\_\_\_\_ 192 \_\_\_\_\_ Filed 10-5-1921 Alma Coons  
LOCAL REGISTRAR.

032-922-925 Filed 10-10-1921 A True Copy J. N. Stratton  
COUNTY REGISTRAR. COUNTY REGISTRAR.