

1666

PLACE OF BIRTH
 County of Graham BUREAU OF VITAL STATISTICS State Index No. 180
 District of Safford ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 291
 Town of Central NAME ADDED BY SUPPLEMENT Local Registrar's No. 291
 or
 City of _____ (No. _____ St. _____ Ward)

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

Sex of Child female Twin, Triplet or other and Number in order of birth 9 Legitimate? yes Date of Birth 10-11-21
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Charles L. Coombs</u>	Full Maiden Name	<u>Emma R. Shurtz</u>
Residence	<u>Central Ariz</u>	Residence	<u>Central, Ariz</u>
Color or Race	<u>white</u>	Color or Race	<u>white</u>
Age at last Birthday	<u>44</u> (Years)	Age at last Birthday	<u>38</u> (Years)
Birthplace	<u>Utah</u>	Birthplace	<u>Arizona</u>
Occupation	<u>farmer</u>	Occupation	<u>housewife</u>
Number of child of this mother	<u>9th</u>	Number of children of this mother now living	<u>9</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 10-11-21 at 6:15 P.M.

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

(Signature) J. N. Stratton
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 192____ Filed 11-5-1921 Address Safford Ariz
Allua Burnap
 LOCAL REGISTRAR.

536-1011-529 Filed 11-12-1921 A True Copy
 COUNTY REGISTRAR. J. N. Stratton
 COUNTY REGISTRAR.