

2248

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pocahontas
District of Warren
Town of Bieber

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 62
Co. Registrar No.
Local Registrar No.

City of No. St. Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loretta Leftault If child is not yet named, make supplemental report, as directed

3. Sex of child To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? 7. Date of birth 1-23-22 (Month, day, year)

8. Full name FATHER
9. Residence (Usual place of abode) If nonresident, give place and State
10. Color or race
11. Age at last birthday (Years)
12. Birthplace (city or place) (State or country)
13. Occupation Nature of industry

14. Full maiden name MOTHER
15. Residence (Usual place of abode) If nonresident, give place and State
16. Color or race
17. Age at last birthday (Years)
18. Birthplace (city or place) (State or country)
19. Occupation Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature (Physician or midwife)
Address

Given name added from a supplemental report (Month, day, year) Filed 19..... Local Registrar. Filed 19..... County Registrar. Registrar.