

In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 52  
Co. Registrar's No. 187  
Local Registrar's No. 15

PLACE OF BIRTH  
County of Apache  
District of Eagar  
Town of Eagar  
City of \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Lerene Hale Born  YES Aliye  NO  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Girl</u>	Twin, Triplet or other <u>x</u>	and	Number in order of birth <u>1</u>	Legitimate <u>yes</u>	Date of Birth	Month <u>11</u>	Day <u>11</u>	Yr. <u>1921</u>
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FATHER		MOTHER	
Full Name <u>Herbert Emanuel Day</u>	Residence <u>Eagar Arizona</u>	Full Maiden Name <u>Ladie Grace Hale</u>	Residence <u>Eagar Arizona</u>
Color or Race <u>White</u>	Age at last Birthday <u>27</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>22</u> Years
Birthplace <u>Arizona</u>	Occupation <u>Labor</u>	Birthplace <u>Arizona</u>	Occupation _____

Number of child of this Mother 1 Number of Children, of this mother, now living 1 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 Nov 11 1921, at 5:15 AM.

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

Signature Mrs W F Loueue R. N.  
Attending physician, midwife, householder.\*

Address Eagar Arizona  
E. G. Udall  
LOCAL REGISTRAR.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191

Filed Nov 12 1921

Filed Dec 10 1921 A True Copy

348-1111-295  
COUNTY REGISTRAR.

J. J. Bouldin  
COUNTY REGISTRAR.