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PLACE OF BIRTH
 County of Granham BUREAU OF VITAL STATISTICS State Index No. 172
 District of Safford ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 929
 Town of Safford Local Registrar's No. 327
 or
 City of Safford (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Edenna Morris { Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive N^O

Sex of Child <u>Female</u>	<u>Twin</u> Triplet or other	and	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Nov-10-1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Earl Morris</u>	Residence <u>Safford</u>		Full Maiden Name <u>Viva Dicke</u>	Residence <u>Arizona (Safford)</u>	
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)	
Birthplace <u>Arizona</u>	Occupation <u>Farmer</u>		Birthplace <u>housewife</u>	Occupation <u>Housewife</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 11/30 1921, at 7:20 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,*)
 Address Safford, Arizona

Given or Christian name added from a supplemental report. _____ 192____ Filed 12-5 1921, Alma Burns LOCAL REGISTRAR.

742-1130-545 A True Copy Filed 12-6 1921, J. N. Stratton COUNTY REGISTRAR.