9420

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.

PLACE OF BIRTH

County of Apache

District of Eagar

Town of Eagar
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4

Co. Registrar's No. 4

Local Registrar's No. 1

(No. ..... St; ..... Ward)

FULL NAME OF CHILD ..... Born Alive YES X NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Boy | Twin, Triplet or other | and | Number in order of birth | Legitimate? yes | Date of Birth 1 Month 4 Day 1922 Yr.

FATHER		MOTHER	
Full Name	David Ernest Farr	Full Maiden Name	Antalia Smith
Residence	Eagar Arizona.	Residence	Eagar Arizona.
Color or Race	White	Color or Race	White
Age at last Birthday	25 Years	Age at last Birthday	27 Years
Birthplace	St Johns Arizona	Birthplace	Arizona.
Occupation	Farmer	Occupation	

Number of child of this Mother 3 | Number of Children, of this mother, now living 2 | 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 Jan 4 1922 at 10 30 A.M.

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

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

Given or Christian name added from a supplemental report ..... 191..

Address Eagar Arizona.

Filed Jan 30 1922

E J Udall
LOCAL REGISTRAR.

169-104-428
COUNTY REGISTRAR.

Filed 2/10 1922

A True Copy

[signature]
COUNTY REGISTRAR.