

4923

PLACE OF BIRTH *Amendment attached* ARIZONA STATE BOARD OF HEALTH
 County of *Maricopa* BUREAU OF VITAL STATISTICS State Index No. *366*
 District of *Phoenix* ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. *50*
 Town of *Clay Springs* Local Registrar's No. *1*
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD *Ethel Laurania In^c Neil* { Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive N

Sex of child <i>Female</i>	Twin, Triplet or other	{ and }	Number in order of birth	Legitimate?	Date of Birth <i>Jan 15 1922</i> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <i>Benjamin T. In^c Neil</i>			Full Maiden Name <i>Ethel S. Hancock</i>		
Residence <i>Showlow Ariz</i>			Residence <i>Showlow Ariz</i>		
Color or Race <i>White</i>			Color or Race <i>White</i>		
Age at last Birthday <i>20</i> (Years)			Age at last Birthday <i>29</i> (Years)		
Birthplace <i>Oakha, Mexico</i>			Birthplace <i>Edesa Ariz</i>		
Occupation <i>Range Rider</i>			Occupation <i>Housewife</i>		
Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum? <i>yes</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on *Jan 15 1922*, at *A. M.*

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

(Signature) *Florence Wahl Brandell*
 (Attending physician, midwife, householder,*)

Given or Christian name added from a Supplemental report _____ 1922 Filed *July 10 1922* Address *Pinedale, Arizona*

Isabel W. Shover Deputy LOCAL REGISTRAR.

543-113-287 Filed *July 5 1922* A True Copy
 COUNTY REGISTRAR. COUNTY REGISTRAR.