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PLACE OF BIRTH

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 93

Co. Registrar No. 133

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Ellen Charleen Foster

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

Born / Alive: YES / ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
female	Ge		Ge	Ge	Apr 6 -1922. (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Chas. A. Foster.	Full Maiden Name	Agnes Juanita Smith.
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	42 (Years)	Age at last Birthday	24 (Years)
Birthplace	West Va.	Birthplace	Texas
Occupation	Barber	Occupation	House wife

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 Apr 6 1922, at 2 P. M.

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

(Signature) B. W. Hardy MD
(Attending physician, midwife, householder.*)

Address Miami Ariz

Given or Christian name added from a supplemental report 192

Filed Apr 8 1922. B W Hardy
LOCAL REGISTRAR.

569-406-128 Filed May 6 1922 A True Copy B. G. Fox
COUNTY REGISTRAR. COUNTY REGISTRAR.