

4057

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Maricopa  
District of 1st  
Town of Chandler  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

BUREAU OF VITAL STATISTICS

State Index No. 165

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 782

Local Registrar's No. 136

FULL NAME OF CHILD Samuel Paul Woods { Born } Yes  
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } ~~No~~

Sex of Child Male | Twin, Triplet or other — | and | Number in order of birth — | Legitimate yes | Date of Birth April 2 1922  
(Month) (Day) (Yr.)

FATHER  
Full Name J. E. Woods  
Residence Chandler Ariz.  
Color or Race White | Age at last Birthday 47 (Years)  
Birthplace Ark  
Occupation Farmer

MOTHER  
Full Maiden Name Judith S. Ault  
Residence Chandler Ariz.  
Color or Race White | Age at last Birthday 40 (Years)  
Birthplace Ark.  
Occupation wife

Number of child of this mother 14 | Number of children, of this mother, now living 8 | 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 April 2 1922, at 11:55 M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) [Signature]  
(Attending physician, midwife, householder. \*)

Given or Christian name added from a \_\_\_\_\_ Address Mesa Ariz.  
supplemental report \_\_\_\_\_ 1922 Filed 4-3- 1922

262-401-113 Filed 5-11 1922 A True Copy  
COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.

to be filed by the attending Physician or Midwife with the Registrar in order of birth within 5 days after birth.