

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Dela State Index No. 105
District of _____ Co. Registrar No. 299
Town of Miami Local Registrar No. _____
or _____
City of _____ No. Miami Inspiration Hospital St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Francis Larsen - If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>July 7, 1922</u> (Month, day, year)
8. FATHER Full name <u>Reuben L. Larsen</u>		14. MOTHER Full maiden name <u>Francis S. Bamister</u>		
9. Residence (Usual place of abode) If nonresident, give place and State <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Miami, Ariz.</u>		
10. Color or race <u>W</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>14</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Ada, Minn.</u>		18. Birthplace (city or place) (State or country) <u>Keosauqua, Ill.</u>		
13. Occupation <u>Physician</u> Nature of Industry _____		19. Occupation <u>Housewife</u> Nature of Industry _____		

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John S. Bacon
(Physician or midwife)
Address Miami - Arizona

Given name added from a supplemental report _____
(Month, day, year)
435-707-029 Registrar.

Filed July 15, 1922 A. M. Hardy Local Registrar.
Filed 8-18, 1922 B. G. Cox County Registrar.