

48 19

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Graham
District of Safford
Town of Central
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 100

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 201

Local Registrar's No. 186

(No. _____ St. _____ Ward) _____
FULL NAME OF CHILD Delsa Alvord { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive

Sex of Child Female Twin, Triple or other single { and } Number in order of birth 1st Legitimate? yes Date of Birth Sept. 10 1922
(Month) (Day) (Yr.)

FATHER
Full Name Myron E. Alvord
Residence Central
Color or Race White Age at last Birthday 31
(Years)
Birthplace Arizona
Occupation Farmer

MOTHER
Full Maiden Name Elizabeth O. Palmer
Residence Central
Color or Race White Age at last Birthday 20
(Years)
Birthplace Arizona
Occupation Housewife

Number of Child of this mother 1st 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 9/10 1922, at 7 P.M.

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

(Signature) R. C. Dryden M.D.
(Attending physician, midwife, householder. *)

Given or Christian name added from a _____ Address Pima, Ariz.

supplemental report _____ 1922 Filed 10-5 1922 Alma Burns

LOCAL REGISTRAR.

411-910-579
COUNTY REGISTRAR.

A True Copy Filed 10/10 1922 J. M. Healy
COUNTY REGISTRAR.