

PLACE OF BIRTH

NAME ADDED BY SUPPLEMENT **ARIZONA STATE BOARD OF HEALTH**

County of Graham

BUREAU OF VITAL STATISTICS

State Index No. 203

District of Safford

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 231

Town of _____
or _____

Local Registrar's No. 208

City of _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Norma Barney

Born Yes
Alive ~~No~~

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

Sex of Child <u>female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>x</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov 28</u> 192 <u>2</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Arthur John Barney</u>			Full Maiden Name <u>Lucy Jennings</u>		
Residence <u>Safford</u>			Residence <u>Safford</u>		
Color or Race <u>white</u>		Age at last Birthday <u>21</u> (Years)	Color or Race <u>white</u>		Age at last Birthday <u>20</u> (Years)
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>farming</u>			Occupation <u>housewife</u>		

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 Nov. 28 1922, at 6 AM.

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

(Signature) Scott Schenck
(Attending physician, midwife, householder.)*

Given or Christian name added from a _____

Address Safford

supplemental report _____ 192 _____

Filed 12-5 1922

Alma Burns
LOCAL REGISTRAR.

528-1128-317
COUNTY REGISTRAR.

Filed 12/10 1922 A True Copy

J. M. [Signature]
COUNTY REGISTRAR.