

Supplement Attached

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Apache
 District of St. Johns
 Town of _____
 or _____
 City of _____ (No. _____ St: _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 4

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 23

Local Registrar's No. 4

FULL NAME OF CHILD _____
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
 } Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan. 15</u> 19 <u>23</u>
					Month Day Yr.

FATHER
 Full Name Jos. Albert Brown
 Residence St. Johns, Ariz.
 Color or Race White Age at last Birthday 38 Years
 Birthplace Ariz.
 Occupation Farmer & Contractor

MOTHER
 Full Maiden Name Edda Whiting
 Residence St. Johns Ariz.
 Color or Race White Age at last Birthday 25 Years
 Birthplace Utah
 Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 Jan. 15, 1923, at 11 P.M.

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

Signature J. M. Heywood
Attending physician, midwife, householder.*

Given or Christian name added from a

Address St. Johns Ariz.

supplemental report _____ 191__ Filed 2/10 1923

Walter Jensen
LOCAL REGISTRAR.

525-115-567
COUNTY REGISTRAR.

A True Copy
Filed 3/10 1923

COUNTY REGISTRAR.