

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Apache  
 District of Cooley Ariz  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 10A  
 Co. Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child David Bruce Blair } If child is not yet named, make supplemental report, as directed

3. Sex of child Male } To be answered ONLY in event of plural births.  
 4. Twin, triplet or other. \_\_\_\_\_  
 5. No., in order of birth. \_\_\_\_\_  
 6. Legitimate? Yes  
 7. Date of birth Jan 24 1923 (Month, day, year)

8. FATHER  
 Full name David W. Blair  
 9. Residence (Usual place of abode) Cooley Ariz  
 If nonresident, give place and State  
 10. Color or race White  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Missouri  
 (State or country)  
 13. Occupation Cattlemen  
 Nature of Industry

14. MOTHER  
 Full maiden name Lottie Penrod  
 15. Residence (Usual place of abode) Cooley Ariz  
 If nonresident, give place and State  
 16. Color or race White  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Pine Top  
 (State or country) Arizona  
 19. Occupation Housewife  
 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 1 (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 9:15 P. 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 H. D. Nichols, M.D.  
 (Physician or midwife)

Address Cooley Ariz

Given name added from a supplemental report \_\_\_\_\_  
 (Month, day, year)  
429-124-374  
 Registrar.

Filed 9/27, 1925 H. C. Hudnall  
 Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.