

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Coconino
 District of Williams
 Town of Williams
 or
 City of Williams

BUREAU OF VITAL STATISTICS

State Index No. 106

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 22

Local Registrar's No. _____

FULL NAME OF CHILD Ralph Russel Hardy (No. _____ St.; _____ Ward)
 If child is not named, make Supplemental Report on blank obtainable from Local Registrar. { Born } Yes
 { Alive } No

Sex of Child Male Twin, Triplet or other _____ { and } Number in order of birth _____ Legitimate? yes Date of Birth 1 - 26 1923
 (Month) (Day) (Yr.)

FATHER
 Full Name Ralph Elton Hardy
 Residence Williams
 Color or Race White Age at last Birthday 29 (Years)
 Birthplace Tabor, Iowa
 Occupation Rancher

MOTHER
 Full Maiden Name Mary Josephine Chestnut
 Residence Williams
 Color or Race White Age at last Birthday 19 (Years)
 Birthplace Phoenix, Arizona
 Occupation House wife

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 Jan 26 1923, at 5 A.M.

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

(Signature) Al Ramey
 (Attending physician, midwife, householder.)
 Address Williams Arizona

Given or Christian name added from a supplemental report _____ 192 _____

Filed 1-29 1923 C. D. Jeffris
 LOCAL REGISTRAR.

COUNTY REGISTRAR.
988-126-433

Filed 2-5 1923 S. O. Manning
 COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed with each local Registrar within 5 days after birth.