

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
 District of Lower Miami  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165  
 Co. Registrar No. 65  
 Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephine Cordyce Robertson } If child is not yet named, make supplemental report, as directed

3. Sex of child M } 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 Jun 26 '23 (Month, day, year)

8. FATHER  
 Full name Joseph Robertson

14. MOTHER  
 Full maiden name Elizabeth M.E. Swan

9. Residence (Usual place of abode) Maine  
 If nonresident, give place and State

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 If nonresident, give place and State

10. Color or race White  
 11. Age at last birthday 37 (Years)

16. Color or race White  
 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Cottland  
 (State or country)

18. Birthplace (city or place) Cottland  
 (State or country)

13. Occupation Chaffeur  
 Nature of Industry

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4 (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 1:30 am on the date above stated.  
 (Born alive or stillborn)

Signature Charles E. Swan M.D.  
 (Physician or midwife)

Address Maine

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

Filed Jan 31, 1923 Charles E. Swan Local Registrar.  
 Filed 2/8, 1923 D.G. Gray County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.