

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yavapai
 District of Pima
 Town of Ft. Thomas
 or
 City of _____

BUREAU OF VITAL STATISTICS

State Index No. 194

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 11

Local Registrar's No. 7

(No. _____ St. _____ Ward)

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>Single</u>	and	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 29 1923</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Geo A. Leulvin</u>			Full Maiden Name <u>Clara Beal</u>		
Residence <u> Ft. Thomas </u>			Residence <u> Ft. Thomas </u>		
Color or Race <u>White</u>	Age at last Birthday <u>38</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>4th</u>	Number of children of this mother now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on 1/29 1923, at P.M.

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

(Signature) R. B. Dunsen, M.D.
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 1923 Filed 2/6 1923 Wilfred L. Buffington
 LOCAL REGISTRAR.

535-129-323 Filed _____ 1923 Geo. D. Scherck
 COUNTY REGISTRAR. COUNTY REGISTRAR.