NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4

Co. Register No. 28

Local Registrar's No. 10

PLACE OF BIRTH

County of Apache

District of

Town of St. Johns
or

City of

(No. St; Ward)

FULL NAME OF CHILD Charles Leonard Isaacson

If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Born Alive: Yes ~~NO~~

Sex of Child: Male | Twin, Triplet or other: and | Number in order of birth: 4th | Legitimate? Yes | Date of Birth: Mar. 2 1923 (Month) (Day) (Yr.)

FATHER

Full Name: Archibald Isaacson

Residence: St Johns

Color or Race: White | Age at last Birthday: 30 (Years)

Birthplace: St Johns Arizona

Occupation: Cattleman

MOTHER

Full Maiden Name: Myrtle Whiting Isaacson

Residence: St Johns

Color or Race: White | Age at last Birthday: 30 (Years)

Birthplace: St Saint Johns Ariz

Occupation: Housewife

Number of child of this mother: 4 | Number of children, of this mother, now living: 4 | 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 March 2 1923, at 10 P.M.

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

(Signature) Margaret Parris
(Attending physician, midwife, householder.*)

Address Saint Johns Ariz

Given or Christian name added from a supplemental report 192

Filed 4/5 1923

Martin Fusen
LOCAL REGISTRAR.

395-302-467
COUNTY REGISTRAR.

Filed 4/10 1923

A True Copy

COUNTY REGISTRAR.