Damaged Document(s)

PLACE OF BIRTH

ARIZONA STATE BOAR

County of Graham

District of Safford

Town of

~~or~~

~~City of~~

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196

Co. Registrar No. 88

Local Registrar's No. 75

(No. St. Wa

FULL NAME OF CHILD

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

Born Alive YES X

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		7th	Yes	4/20/23. (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	William D. Young	Full Maiden Name	Alice Hunt
Residence	Safford	Residence	Safford
Color or Race	White	Color or Race	White
Age at last Birthday	40 (Years)	Age at last Birthday	35 (Years)
Birthplace	Arizona	Birthplace	Utah
Occupation	Merchant	Occupation	Housewife

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
9th	6	Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on 4/20 1923, at 2:00 P.M.

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

(Signature) J. A. Stratton

(Attending physician, midwife, ~~householder~~

Address Safford, Ariz

Given or Christian name added from a supplemental report 192

Filed 4/30 1923

Hattie W

087-420-183

COUNTY REGISTRAR.

Filed 4/30 1923

A True Copy

DSc

...man one child at a birth, a SEPARATE RETURN must be made for ... in order of birth stated.

...Registrar within 5 days after birth.