

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Apache
 District of Vernon
 Town of Pineyone
 or _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 5
 County Registrar No. 82
 Local Registrar No. _____

2. Full name of child (not named) If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? _____
 5. No., in order of birth. _____ 7. Date of birth May 17 1923
 Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Paul Amos</u>		Full maiden name <u>Rinthy Perrod</u>	
9. Residence (Usual place of abode) If nonresident, give place and state		15. Residence (Usual place of abode) If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday (Years)	16. Color or race <u>white</u>	17. Age at last birthday (Years)
12. Birthplace (city or place) (State or country)		18. Birthplace (city or place) (State or country)	
13. Occupation Nature of Industry <u>Farmer</u>		19. Occupation Nature of Industry <u>Housewife</u>	
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 <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eva Allington (Physician or midwife)
 Address Barnes

Given name added from a supplemental report _____ Filed _____, 19____
 Month, day, year.

Registrar. Filed Aug 10, 1923 Eva Pulipher Local Registrar.
J. J. Boulton County Registrar.

412-519-474