

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
 in order of birth stated.

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

PLACE OF BIRTH

1. County of Maricopa
 District of Pinedale
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____

State Index No. 367
 County Registrar No. 143
 Local Registrar No. 2

2. Full name of child Harry Lee Brewer
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 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. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth May 9 - 1923
 Month Day Year

FATHER		MOTHER	
8. Full name <u>Lawrence H Brewer</u>		14. Full maiden name <u>Julia Isabel Webb</u>	
9. Residence (Usual place of abode) <u>Pinedale Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Pinedale Arizona</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Pinedale</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Snowflake</u> (State or country) <u>Arizona</u>	
13. Occupation <u>Farming</u> Nature of industry		19. Occupation <u>Housewife</u> 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. <u>3</u> (b) Born alive but now dead. _____ (c) Stillborn. _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. on the date above stated.
 (Born alive or stillborn.)

Signature Lottie M. Webb Midwife
 Address Pinedale Arizona
 (Physician or midwife)

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

Filed May 14 1923 Lottie M. Webb Local Registrar.
 Filed Jun 8 1923 Samuel Sampson County Registrar.

Registrar.

829-509-162