

CERTIFICATE AMENDED
SEE NOTATION

ITEMS 2, 7 & 8 AMENDED PER AFFIDAVIT OF
EVELYN AND NOTARIZED STATEMENT FROM MOTHER
ARIZONA STATE BOARD OF HEALTH 8-30-73
44 CM

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
in order of birth stated.
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.

1. County of _____
District of _____
Town of _____
or _____
City of Douglas Ariz

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. 472
Local Registrar No. _____

No. Calumet Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female
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 June 13 1923
Month day year

8. FATHER
Full name Christen Allen Glen
9. Residence (Usual place of abode) Douglas
If nonresident, give place and state

10. Color or race White
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Nebraska
(State or country)

13. Occupation Switchman
Nature of industry R.R.

14. MOTHER
Full maiden name Bladye Jessamine Chaplin
15. Residence (Usual place of abode) Douglas
If nonresident, give place and state

16. Color or race White
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Mo.
(State or country)

19. Occupation House wife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 6:25 A.M. on the date above stated.

*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 evidences of life after birth.
Given name added from a supplemental report _____

Signature E. W. Adamson M.D.
(Physician or midwife)
Address Douglas Arizona

Filed 7/5 1923
Local Registrar. [Signature]

Filed 7-6-23 1923
County Registrar. [Signature]

575-613-735