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MARGIN RESERVED FOR BINDING
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 Maricopa
 District of Pinedale
 Town of Clay Springs
 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. 399
 County Registrar No. 166
 Local Registrar No. 3

2. Full name of child Marian Kay { 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 17 1923
 Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Orson Pratt Kay</u>		Full maiden name <u>Helena Mae Rogers</u>	
9. Residence (Usual place of abode) <u>Clay Springs</u> If nonresident, give place and state <u>Clay Springs</u>		15. Residence (Usual place of abode) <u>Clay Springs</u> If nonresident, give place and state _____	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Taylor</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Monte Vista</u> (State or country) <u>Colorado</u>	
13. Occupation <u>Farming</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	

20. Number of children of this mother (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 4
 (c) Stillborn _____ 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 Lara Olive at 5 a.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 Lara M. Smith (Physician or midwife)
 Address Pinedale Arizona

Given name added from supplemental report _____ Filed June 24, 1923 Local Registrar.
 Month, day, year. _____ Filed July 5, 1923 Frank M. Smith County Registrar.
 Registrar. _____

528-619-892