

1620

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.

PLACE OF BIRTH

1. County of Apache  
District of Eagar  
Town of Eagar  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 6  
County Registrar No. 99  
Local Registrar No. 9

2. Full name of child \_\_\_\_\_  
(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 girl 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 August 11 - 1923  
Month Day Year

8. FATHER  
Full name William Platt Richey

14. MOTHER  
Full maiden name Maud Brown

9. Residence (Usual place of abode)  
If nonresident, give place and state Eagar Ariz

15. Residence (Usual place of abode)  
If nonresident, give place and state Eagar Ariz

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) St Johns Arizona  
(State or country)

18. Birthplace (city or place) New Mexico  
(State or country)

13. Occupation  
Nature of industry Labor

19. Occupation  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead. (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 born alive at 4 p. 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 Mrs W F Leisler  
(Physician or midwife)  
Address Eagar Arizona

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

Filed Aug 31, 1923 Ellen E. Winsor  
Local Registrar.

Filed Sept 10, 1923 T. J. Bourdieu  
County Registrar.

Registrar.

498-811-425