

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 Yuma
 District of Safford
 Town of Solomonville
 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. 179
 County Registrar No. 181
 Local Registrar No. 170

2. Full name of child _____

3. Sex of Child male
 To be answered ONLY in event of plural births. x

4. Twin, triplet or other. 1
 5. No., in order of birth. 1

6. Legitimate? yes

7. Date of birth Sept 14, 23
 Month day year

8. FATHER

5. Full name Filford Larson

9. Residence (Usual place of abode) Solomonville
 If nonresident, give place and state _____

10. Color or race white

11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Glenbar
 (State or country) Arizona

13. Occupation farming
 Nature of industry _____

14. MOTHER

Full maiden name Mary Winifred Elizabeth Rice

15. Residence (Usual place of abode) Solomonville
 If nonresident, give place and state _____

16. Color or race white

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Unknown
 (State or country) Kentucky

19. Occupation housewife
 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 one
 (b) Born alive but now dead none
 (c) Stillborn none

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

Signature D. Scott Scherer
 Address Safford
 Filed Oct 5 - 1923 Hattie W. Scherer Special Registrar.
 Filed Oct 5 - 1923 D. Scott Scherer County Registrar.

935-914-475