

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 7
County Registrar No. 157
Local Registrar No. 18

PLACE OF BIRTH
1. County of Apache
District of Eagar
Town of Eagar
or
City of _____ No. _____ St. _____ Ward _____

2. Full name of child Winnifred Eagar (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 Dec 22 1923
Month Day Year

8. FATHER
Full name William Benjamin Eagar
9. Residence (Usual place of abode) Eagar, Ariz.
If nonresident, give place and state Eagar Ariz
10. Color or race White
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Utah
(State or country)
13. Occupation Farmer.
Nature of industry

11. MOTHER
Full maiden name Anna Alvira Butler
15. Residence (Usual place of abode) Eagar Ariz
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 43 (Years)
18. Birthplace (city or place) Utah
(State or country)
19. Occupation _____
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 9 (b) Born alive but now dead 1 (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 3 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. Lesueur. (Physician or midwife)
Address Eagar Arizona
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed Dec. 31, 1923 Ellen E. Winsor Local Registrar.
Filed 1/10, 1924 J. G. Boulton County Registrar.

V. S. No. 2
WRITE PLAINLY WITH CAREFUL CORRECTION IN 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.

659-1222-129