

WHILE FILING WITH UNPAID LIAISON IS A PERMANENT RECORD
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

1. County of Gila District of _____
Town of Young or _____
City of _____ No. _____ St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Earl J. Franklin If child is not yet named, make supplemental report, as directed.

3. Sex of Child male 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 <u>Earl Franklin</u>	14. MOTHER Full maiden name <u>Mabel May Menges</u>
9. Residence (Usual place of abode) <u>Young</u> <small>If nonresident, give place and state</small>	15. Residence (Usual place of abode) <u>Young Ariz</u> <small>If nonresident, give place and state</small>
10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>29</u> (Years)	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Globe Ariz</u> <small>(State or country)</small>	18. Birthplace (city or place) <u>Harper Tex</u> <small>(State or country)</small>
13. Occupation <u>Stockman</u> <small>Nature of industry</small>	19. Occupation <u>Housewife</u> <small>Nature of industry</small>

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 3
(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 alive at 6:30 am. 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 Mary A. Hines (Physician or midwife)
Address Young Ariz

Given name added from _____
Month, day, year. Filed Dec 26, 1923 Ola Young Ariz
Registrar. Filed 1-5 1924 B.S. Gray
County Registrar.

565-1222-442