586

WRITE PLAINLY WITH [illegible] INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, [illegible] 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

State Index No. 402

County Registrar No. 871

Local Registrar No. 62

PLACE OF BIRTH

1. County of Maricopa

District of Chandler

Town of

or

City of Chandler No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Rebecca Bolen — 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 4-29-24 (Month Day Year)

FATHER	MOTHER
8. Full name: James Bolen	14. Full maiden name: Claudie Hixson
9. Residence (Usual place of abode): Gilbert Ariz. If nonresident, give place and state	15. Residence (Usual place of abode): Gilbert. If nonresident, give place and state
10. Color or race: White — 11. Age at last birthday 35 (Years)	16. Color or race: White — 17. Age at last birthday 19 (Years)
12. Birthplace (city or place) (State or country): Indiana	18. Birthplace (city or place) (State or country): New Mexico
13. Occupation Nature of industry: Zanjero	19. Occupation Nature of industry: Housewife

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 2
(b) Born alive but now dead no
(c) Stillborn no

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 (Born alive or stillborn.) at 1 P m. on the date above stated.

*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: F. R. Jordan (Physician or midwife)

Address: Chandler Ariz.

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

Filed 5/2, 1924 Jos. M. Meason, Local Registrar.

Registrar.

Filed MAY 19 County Registrar.

825-429-385