

number of each.

PLACE OF BIRTH NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Graham State Index No. 191
 District of Safford County Registrar No. 353
 Town of _____ Local Registrar No. 337
 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 Eugene Royan Howard 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 7 6. Legitimate? yes. 7. Date of birth May 12. 24.
 Month day year

FATHER		MOTHER	
8. Full name <u>Seaborn Davis Howard</u>	11. Age at last birthday <u>40</u> (Years)	14. Full maiden name <u>Nina Ragan</u>	17. Age at last birthday <u>31</u> (Years)
9. Residence (Usual place of abode) <u>Shatcher</u> If nonresident, give place and state <u>Arizona</u>	10. Color or race <u>white</u>	15. Residence (Usual place of abode) <u>Shatcher</u> If nonresident, give place and state <u>Arizona</u>	16. Color or race <u>white</u>
12. Birthplace (city or place) <u>Gadsden</u> (State or country) <u>Alabama</u>	13. Occupation <u>farmer</u> Nature of industry _____	18. Birthplace (city or place) <u>Rockwood</u> (State or country) <u>Tennessee</u>	19. Occupation <u>housewife</u> Nature of industry _____

0. 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 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 39 a.m. on the date above stated.
 (Born alive or stillborn.)

Signature D. S. Schenck Address Safford
 (Physician or midwife)

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 supplemental report _____
 Month, day, year. _____

Registrar. _____ Filed May 31, 1924 D. S. Schenck Local Registrar
 County Registrar

584-512-595