

11111

A WRITING PLAINLY WRITING 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 _____
Town of _____
or Yuma
City of _____ No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 118
County Registrar No. 450
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child William Dennis
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth June 3 - 24
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>James Dennis</u>		Full maiden name <u>Ethel Olson</u>	
9. Residence (Usual place of abode) <u>Yuma</u>		15. Residence (Usual place of abode) <u>Yuma</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>W</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Col</u> (State or country)		18. Birthplace (city or place) <u>Ariz</u> (State or country) <u>Yuma</u>	
13. Occupation <u>Printer</u> Nature of industry _____		19. Occupation <u>Housewife</u> 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 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*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 10 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 R. D. Jensen (Physician or midwife)
Address Yuma Ariz

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

Filed 6-10-24 B. G. Jay Local Registrar
Filed 7-5-24 R. G. Jay County Registrar

642-605-565