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WRITE PLAINLY WITH UNFADING 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 Yuma  
or \_\_\_\_\_  
City of \_\_\_\_\_

State Index No. 126  
County Registrar No. 157  
Local Registrar No. \_\_\_\_\_

2. Full name of child Tois Langford  
(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 F 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 7 7 29  
month day year

3. FATHER Full name <u>Robert Stanley Langford</u>		14. MOTHER Full maiden name <u>Keturah Madson</u>	
9. Residence (Usual place of abode) <u>Yuma</u> If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>Yuma</u> If nonresident, give place and state _____	
16. Color or race <u>W.</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>W.</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Liverpool</u> (State or country) <u>England</u>		18. Birthplace (city or place) _____ (State or country) <u>Utah</u>	
13. Occupation Nature of industry <u>Naval Engineer</u>		19. Occupation Nature of industry <u>H. Clerk</u>	

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 0  
(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 (Born alive or stillborn.) at 4 a.m. on the date above stated.

Signature C.F. Perkins (Physician or midwife)  
Address \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar.

Filed Aug 31 1924 P.E. Irwin Local Registrar.  
Filed 9-3 1924 B.G. Fox County Registrar.

334-707-245