487

MARGIN RESERVED FOR BINDING

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.

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 10

County Registrar No. 108

Local Registrar No. 34

PLACE OF BIRTH

unty of Apache

t of St Johns

of St Johns

f ..... No. ..... St. ..... Ward

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

ll name of child ~~Not~~ Frances Ardith Farr — If child is not yet named, make supplemental report, as directed.

x of Child: M

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: Aug 24 - 24 (Month day year)

FATHER		MOTHER	
name	Ernest Farr	Full maiden name	Malatia Smith
esidence (Usual place of abode)	St Johns	15. Residence (Usual place of abode)	St Johns
f nonresident, give place and state	Ariz	If nonresident, give place and state	Ariz
Color or race	W	16. Color or race	W
11. Age at last birthday	28 (Years)	17. Age at last birthday	30 (Years)
irthplace (city or place)	St Johns	18. Birthplace (city or place)	Snowflake
(State or country)	Ariz	(State or country)	Ariz
Occupation / ature of industry	Farming	19. Occupation / Nature of industry	Housewife

umber of children of this mother as of time of birth of child herein d and including this child.)

(a) Born alive and now living 9

(b) Born alive but now dead 1

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

y certify that I attended the birth of this child, who was alive at 8 a m. on the date above stated.

(Born alive or stillborn.)

hen there was no attending physician or ife, then the father, householder, etc., d make this return. A stillborn child e that neither breathes nor shows other ces of life after birth.

Signature: J. J. Bouldin (Physician or midwife)

Address: St Johns, Ariz

name added from emental report ..... Month, day, year.

Filed 9/10/24 19 Martin Jensen Local Registrar.

Registrar.

Filed 9/10 19 14 J. J. Bouldin County Registrar.

669-824-528