

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Graham

District of _____

Town of _____

or

City of Solomonville

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 238County Registrar No. J-93Local Registrar No. J-51No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth Jan. 10 1925
Month Day Yearmale

5. No., in order of birth _____

yes

8. FATHER

Full name Marion M. Larsen9. Residence (Usual place of abode) Solomonville

If non-resident, give place and state.

10. Color or race

white11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Arizona

13. Occupation

Nature of industry Farmer

14. MOTHER

Full maiden name Anne Ruth Bruce15. Residence (Usual place of abode) Solomonville

If non-resident, give place and state.

16. Color or race

white17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

Arizona

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 3

(b) Born alive but now dead _____

(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 at 10:30 P m. on the date above stated
(Born alive or stillborn.)

* 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 _____

Address _____

J. W. Morris
(Physician or midwife)Pima, ArizonaGiven name added from
a supplemental report _____

Month, day, year

Filed _____

Filed _____

Mar 9, 1925 Hattie W. Dehner
Registrar.Mar 9, 1925 David Schmitt
County Registrar.

Registrar

County Registrar.

035-110-125