

PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
 District of Safford Saloman
 Town of Salmonville
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
 County Registrar No. _____
 Local Registrar No. 128

2. Full name of child Marian Laren

(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

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

12/1/25
 Month Day Year

8. FATHER

Full name

Lilford Laren

14. MOTHER

Full maiden name

May June

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Salmonville

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Salmonville

10. Color or race

White

11. Age at last birthday 22 (Years)

16. Color or race

White

17. Age at last birthday 23 (Years)

12. Birthplace (city or place)

Ariz

(State or country)

18. Birthplace (city or place)

Ky.

(State or country)

13. Occupation

Nature of industry

Farmer

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 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 at 1:25 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 J. N. Stathon

Address 1000 1/2 Ave

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Filed 1-9, 1926

J. N. Stathon
H.B.

Local Registrar

Registrar

Filed _____, 19____

County Registrar

435-1201-475

N. B.—In case of more than one child at a birth, a SEPARATE REPORT MUST BE FILED FOR EACH CHILD, AS ORDERED BY THE BOARD OF HEALTH.