

WRITE FAINTLY IN 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.

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
District of Young
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149
County Registrar No. _____
Local Registrar No. _____

2. Full name of child David Selanjo Garrett (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 male 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 March 9 1926
Month day year

8. FATHER
Full name Gordon Caruth Garrett
9. Residence (Usual place of abode) Young Ariz.
If nonresident, give place and state _____

14. MOTHER
Full maiden name Agnes Hattie Knouse
15. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state _____

10. Color or race white
11. Age at last birthday 38 (Years)

16. Color or race white
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Memphis Tenn.
(State or country)

18. Birthplace (city or place) Roswell New Mex.
(State or country)

13. Occupation Farmer
Nature of industry _____

19. Occupation Housewife
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 5
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:45 a.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 evidences of life after birth.
Signature Mary A. Hines midwife
(Physician or midwife)

Address Young
Given name added from a supplemental report _____
Filed 3-10-1926 at Old Young
Month, day, year. Local Registrar

Registrar. _____ Filed _____ 19____ County Registrar.

473-309-125