CERTIFICATE AMENDED SEE NOTATION

Name added by affidavit of registrant and Bible Record of child (3-27-69 bmo)

PLACE OF

1. County of Graham

District of Pima

Town of Central

or

City of ..... No. ..... St. ..... Ward

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

County Registrar No. .....

Local Registrar No. .....

2. Full name of child Arvella Whitmer } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Girl

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 Sept 5 1926 (Month day year)

8. FATHER	14. MOTHER
Full name Benj. Franklin Whitmer	Full maiden name Winnie May Webb
9. Residence (Usual place of abode) Central. If nonresident, give place and state	15. Residence (Usual place of abode) Pima Central. If nonresident, give place and state
10. Color or race White, Race	16. Color or race White
11. Age at last birthday 34 (Years)	17. Age at last birthday 29 (Years)
12. Birthplace (city or place) Central (State or country)	18. Birthplace (city or place) Pima (State or country)
13. Occupation Farmer; Nature of industry Farmer	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 6
(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 (Born alive or stillborn.) at 7 a.m. on the date above stated.

*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 R L Hayden M D (Physician or midwife)

Address Pima, Ariz.

Given name added from a supplemental report ..... Month, day, year.

Filed Dec 11, 1926 R L Hayden Local Registrar.

..... Registrar.

Filed ..... 19.... ..... County Registrar.

169-905-462

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.