

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 5210
 Registered No. 58

1. PLACE OF BIRTH

County Yavapai State _____
 District or Township Halbrook or Village _____
 City _____ No. _____ St. _____ Ward _____

2. Full name of child Mary Edna Elseworth (If born 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 F. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes
 5. No., in order of birth. _____ 7. Date of birth Oct-8-26
 Month Day Year

8. FATHER
 Full name Wallace Elseworth

14. MOTHER
 Full maiden name Lyla Ann Kloton

9. Residence (Usual place of abode) Halbrook
 If non-resident, give place and state.

15. Residence (Usual place of abode) Halbrook
 If non-resident, give place and state.

10. Color or race W.

11. Age at last birthday 40 (Years)

16. Color or race W.

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Phoenix
 (State or country) Ariz.

18. Birthplace (city or place) Shumway
 (State or country) Arizona

13. Occupation Clark Board Supervisor
 Nature of industry Navajo County

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 6
 (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 Born alive (Born alive or stillborn) 4:40 P. 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 evidence of life after birth.

Signature Wm. H. Wells

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

Address Halbrook (Physician or midwife)

Filed 10-15, 1927 W. H. Wells
 Registrar

Registrar

458-1008-395

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.

VED
 22 1926