

MAKES A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Apache
District of St. Johns
Town of St. Johns
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 8
County Registrar No. _____
Local Registrar No. 379

2. Full name of child Arda May Overton
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Nov. 14, 1916
Month Day Year

8. FATHER
Full name Clyde Charles Overton
9. Residence (Usual place of abode) St. Johns, Ariz.
If non-resident, give place and state.

14. MOTHER
Full maiden name J. May Forrest
15. Residence (Usual place of abode) St. Johns, Ariz.
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 74 (Years)

16. Color or race White
17. Age at last birthday 33 (Years)

12. Birthplace (city or place) St. Johns, Arizona
(State or country)

18. Birthplace (city or place) Mont
(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 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 at 3:10 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 evidence of life after birth.

Signature Margaret Jarvis
Address St. Johns, Ariz.
(Physician or midwife)

Given name added from a supplemental report. Filed 11/22/16 Martine Justice
Month, day, year Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

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