ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1

Registered No. 1

PLACE OF BIRTH

County Apache State Ariz

District or Township St Johns or Village St Johns

City No. St., Ward

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

Full name of child Francis Willard Day (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M

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 Jan 5 1928 (Month Day Year)

FATHER		MOTHER	
Full name	Francis Day	Full maiden name	Laura Farr
Residence (Usual place of abode)	St Johns	Residence (Usual place of abode)	St Johns
If non-resident, give place and state.	Ariz	If non-resident, give place and state.	Ariz
10. Color or race	W	16 Color or race	W
11. Age at last birthday	36 (Years)	17. Age at last birthday	33 (Years)
12. Birthplace (city or place)	Springerville	18. Birthplace (city or place)	St Johns
(State or country)	Ariz	(State or country)	Arizona
13. Occupation	Miller & Contractor	19. Occupation	Housewife
Nature of industry	Runs flour mill	Nature of industry	

20. Number of children of this mother 4 (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 1

(c) Stillborn 1

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 8 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 F J Bouldin M D (Physician or Midwife).

Name added from supplemental report Month, day, year

Address St Johns Ariz

Registrar

Filed Feby 9th 1928, Martin Jensen Reg

648-105-369